

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005038

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** EAST CENTRAL FLORIDA FOSTER-ADOPTIVE PARENT ASSOCIATION, INC

**Current Principal Place of Business:**

1114 WEST SEAGATE DR  
DELTONA, FL 32725

**New Principal Place of Business:**

114 GAY GAYLE TERRACE  
DAYTONA BEACH, FL 32118

**Current Mailing Address:**

POST OFFICE BOX 6672  
DELTONA, FL 32728

**New Mailing Address:**

**FEI Number:** 59-3685083

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MEYER, MICHAEL S  
1114 WEST SEAGATE DR  
DELTONA, FL 32725 US

**Name and Address of New Registered Agent:**

ELSNER, DONNA  
114 GAY GAYLE TERRACE  
DAYTONA BEACH, FL 32118 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DONNA ELSNER

02/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: ELSNER, DONNA  
Address: 114 GAY GAYLE TERRACE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D  
Name: GARDNER, WAYNE  
Address: 548 MCNEAL DRIVE  
City-St-Zip: DELTONA, FL 32725

Title: D  
Name: BROWN, CAROL  
Address: 814 SUPERIOR STREET  
City-St-Zip: DELTONA, FL 32725

Title: D  
Name: DAVIS, ROGER  
Address: 221 HERONWOOD CIRCLE  
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONNA ELSNER

D

02/24/2011

Electronic Signature of Signing Officer or Director

Date