2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100006371

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

After September 13, 2002,

min. will be \$236.25.

1. Entity Name

Zip

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SMITH, WAYNE LARUE THE SMITH LAW FIRM 333 FLEMING ST.

KEY WEST FL 33040

DP

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DT

BARISH, B. JULI

KING, ALLISON

1328-B SEMINARY ST.

KEY WEST FL 33040

29057 GERANIUM AVE.

ROBERTS, DONNA

KEY LARGO FL 33037

720 84TH ST. OCEAN

MARATHON FL 33050

17 OSPREY DR.

ADAMS, JOHN

BIG PINE KEY FL 33043

the obligations of registered agent.

MONROE COUNTY FOSTER ADOPTIVE PARENT ASSOCIATION **INCORPORATED**

Principal Place of Business 333 FLEMING ST. KEY WEST FL 33040	Mailing Address 333 FLEMING ST. KEY WEST FL 33040	
2. Principal Place of Business	3. Mailing Address	THE STATE OF THE S
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip

Country

9. Election Campaign Financing

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

Trust Fund Contribution.

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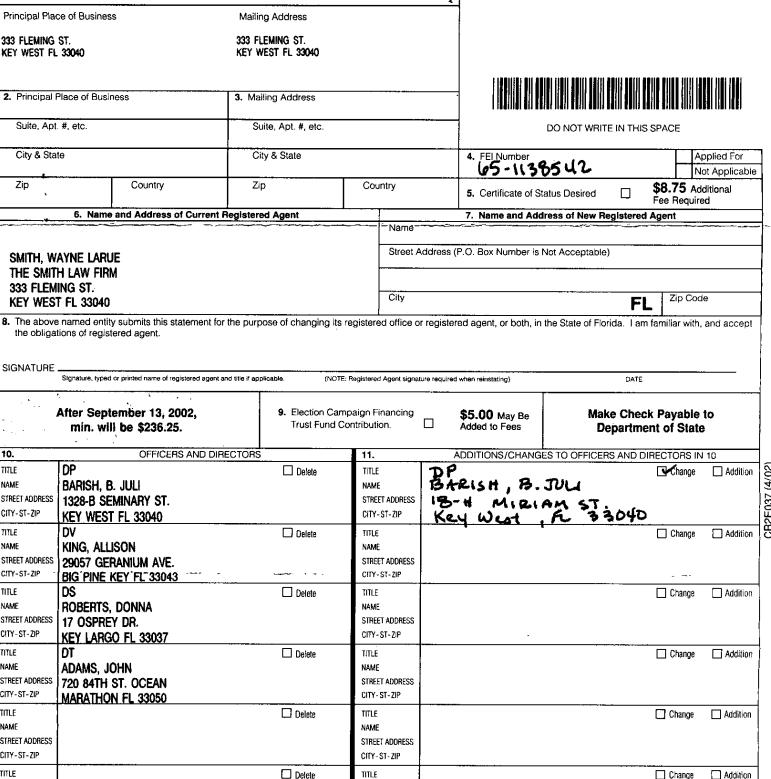
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Name

FILED Sep 08, 2002 8:00 am Secretary of State

05-28-2002 91511 021 ****61.25 09-08-2002 90124 006 ****61.25



12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: