

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006371

FILED
Apr 30, 2004
Secretary of State**Entity Name:** MONROE COUNTY FOSTER ADOPTIVE PARENT ASSOCIATION INCORPORATED**Current Principal Place of Business:**333 FLEMING ST.
KEY WEST, FL 33040**New Principal Place of Business:****Current Mailing Address:**333 FLEMING ST.
KEY WEST, FL 33040**New Mailing Address:****FEI Number:** 65-1138542**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SMITH, WAYNE LARUE
THE SMITH LAW FIRM
333 FLEMING ST.
KEY WEST, FL 33040 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: BARISH, B. JULI
Address: 18-H MIRIAM STREET
City-St-Zip: KEY WEST, FL 33040**Title:** DS () Delete
Name: KILLION, GALE
Address: 2430 PATTERSON AVE.
City-St-Zip: KEY WEST, FL 33040**Title:** D () Delete
Name: ROBERTS, DONNA
Address: 17 OSPREY DR.
City-St-Zip: KEY LARGO, FL 33037**Title:** D () Delete
Name: ADAMS, JOHN
Address: 720 84TH ST. OCEAN
City-St-Zip: MARATHON, FL 33050**Title:** DVP () Delete
Name: THOMPSON, CHRISTINE
Address: 22749 BUCCANEER LANE
City-St-Zip: CUDJOE KEY, FL 33042**Title:** DT (X) Delete
Name: JOHNSON, CRAIG A
Address: 878 ELLEN DRIVE
City-St-Zip: KEY LARGO, FL 330372270**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DT (X) Change () Addition
Name: PACINI, MAXINE
Address: 490 AVE C
City-St-Zip: KEY WEST, FL 33040**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: B. JULI BARISH

DP

04/30/2004

Electronic Signature of Signing Officer or Director

Date