

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90464 032 ****61.25

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1. Entity Name
**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**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1138542**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, WAYNE LARUE
THE SMITH LAW FIRM
333 FLEMING ST.
KEY WEST FL 33040**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **BARISH, B. JULI**
STREET ADDRESS **184 MIRIAM STREET**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☒ Change ☐ Addition
NAME **18-H MIRIAM STREET**
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☒ Delete
NAME **KING, ALLISON**
STREET ADDRESS **29057 GERANIUM AVE.**
CITY-ST-ZIP **BIG PINE KEY FL 33043**

TITLE ☐ Change ☒ Addition
NAME **DS**
STREET ADDRESS **GALE KILLION**
CITY-ST-ZIP **2430 PATTERSON AVENUE**
KEY WEST, FL 33040

TITLE **DS** ☐ Delete
NAME **ROBERTS, DONNA**
STREET ADDRESS **17 OSPREY DR.**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☒ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS **(ALL ELSE REMAINS)**
CITY-ST-ZIP **SAME**

TITLE **DT** ☐ Delete
NAME **ADAMS, JOHN**
STREET ADDRESS **720 84TH ST. OCEAN**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☒ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS **(ALL ELSE REMAINS)**
CITY-ST-ZIP **SAME**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DVP**
STREET ADDRESS **CHRISTINE THOMPSON**
CITY-ST-ZIP **22749 BUCCANER LANE**
CUDJOE KEY, FL 33042

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DT**
STREET ADDRESS **CRAIG A. JOHNSON**
CITY-ST-ZIP **870 BLEN DRIVE**
KEY LARGO, FL 33037-2770

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:

SIGNATURE

**B. JULI
BARISH**

3/13/03

305 797 2111

CR2E037 (10/02)