

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

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90243 022 \*\*\*\*61.25

DOCUMENT # *NO1000007482*  
1. Entity Name  
*Medical Foster Parent Association, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*11711 B RainTree Village Blvd*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Temple Terrace FL*

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
*33617*

Country  
*Hillshorough*

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Catherine Betterly*

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

*11711 B RainTree Village Blvd*

City *Temple Terrace* **FL** Zip Code *33617*

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.

SIGNATURE

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

*Catherine Betterly*  
(NOTE: Registered Agent signature required when reinstating)

*4/22/02*  
DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE *P/D*  
NAME *Catherine Betterly*  
STREET ADDRESS *11711-B RainTree Village Blvd*  
CITY-ST-ZIP *Temple Terrace FL 33617*

TITLE *V/D*  
NAME *Eileen Leeson*  
STREET ADDRESS *7020 N. Willow Ave*  
CITY-ST-ZIP *Tampa FL 33604*

TITLE *T/D*  
NAME *Rachel Anglen*  
STREET ADDRESS *2805 San Nicolas ST.*  
CITY-ST-ZIP *Tampa FL 33629*

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Catherine Betterly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/22/02*  
Date

Daytime Phone #

*(813) 980-3856*

CR2E037B (12/01)