2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State
04-01-2004 90006 002 ****70.00

DOCUMENT # N01000007487

1. Entity Name

MEDICAL FOSTER PARENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
524 COURTNEY DR TEMPLE TERRACE FL 33617	524 COURTNEY DR TEMPLE TERRACE FL 33617

J42623043

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
716 Lithia Pinecrest Rd Suite, Apt. #, etc.	716 Lithia Pinecrest Rd. Suite, Apt. #, etc.
City & State: Brandon, FL	City & State: Brandon, FL
Zip: 33511 Country: USA	Zip: 33511 Country: USA

4. FEI Number: 20-0125106 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BETTERLY, CATHERINE
524 COURTNEY DR
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name: ARLENE RESNICK
Street Address (P.O. Box Number is Not Acceptable): 716 Lithia Pine Crest Rd
City: BRANDON **FL** Zip Code: 33511

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] new -
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 Due By May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BETTERLY, CATHERINE 524 COURTNEY DR TEMPLE TERRACE FL 33617	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARLENE RESNICK 716 LITHIA PINECREST RD BRANDON, FL 33511	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEESON, EILEEN 7020 N. WILLOW AVENUE TAMPA FL 33604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANGLEN, RACHEL 2805 W SAN NICOLAS STREET TAMPA FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 3-25-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #