

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000009426

FILED  
Mar 11, 2005  
Secretary of State

**Entity Name:** SARASOTA COUNTY FOSTER/ADOPTIVE PARENT ASSOCIATION, INC.

**Current Principal Place of Business:**

2410 CASEY KEY ROAD  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

2410 CASEY KEY ROAD  
NOKOMIS, FL 34275

**New Mailing Address:**

**FEI Number:** 51-0455738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADINOLFI, ARLYN S  
900 THE RIALTO  
VENICE, FL 34285 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: ARLYN S ADINOLFI

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ADINOLFI, ARLYN S  
Address: 900 THE RIALTO  
City-St-Zip: VENICE, FL 34285

Title: VPD ( ) Delete  
Name: MEREDITH, LEE  
Address: 2410 CASEY KEY RD.  
City-St-Zip: NOKOMIS, FL 34275

Title: SD ( ) Delete  
Name: CAMARATA, LESLIE  
Address: 826 CUMBERLAND RD  
City-St-Zip: VENICE, FL 34293

Title: TD ( ) Delete  
Name: KRIZEN, NANCY  
Address: 2324 PINEHURST  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LEE A MEREDITH

VPD

03/11/2005

Electronic Signature of Signing Officer or Director

Date