

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009426

FILED
Mar 30, 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:

2376 NOVUS ST.
SARASOTA, FL 34239

Current Mailing Address:

2410 CASEY KEY ROAD
NOKOMIS, FL 34275

New Mailing Address:

2376 NOVUS ST.
SARASOTA, FL 34239

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:

ROBB, SHARON
2376 NOVUS ST.
SARASOTA, FL 34239 US

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: SHARON ROBB

03/30/2005

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROBB, SHARON
Address: 2376 NOVUS ST.
City-St-Zip: SARASOTA, FL 34239

Title: VPD (X) Change () Addition
Name: WILLIAMS, JENNIFER
Address: 3625 LOKAI PLACE
City-St-Zip: SARASOTA, FL 34232

Title: SD (X) Change () Addition
Name: DOUGLAS, CATHERINE
Address: 4311 NELSON AVE.
City-St-Zip: SARASOTA, FL 34231

Title: TD (X) Change () Addition
Name: MEREDITH, CYNTHIA
Address: 2410 CASEY KEY RD.
City-St-Zip: NOKOMIS, FL 34275

Title: TR () Change (X) Addition
Name: LONG, POLLY
Address: 4676 56TH DR. EAST
City-St-Zip: BRADENTON, FL 34203

Title: TR () Change (X) Addition
Name: LUTZ, DAVID
Address: 1622 BANYAN DR.
City-St-Zip: VENICE, FL 34293

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: SHARON ROBB

PD

03/30/2005

Electronic Signature of Signing Officer or Director

Date