

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009426

FILED
Apr 26, 2007
Secretary of State

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

Current Principal Place of Business:

4311 NELSON AVENUE
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

4311 NELSON AVENUE
SARASOTA, FL 34231

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:

DOUGLAS, CATHY
4311 NELSON AVENUE
SARASOTA, FL 34231 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOUGLAS, CATHY PRES.
Address: 4311 NELSON AVENUE
City-St-Zip: SARASOTA, FL 34231

Title: VD () Delete
Name: WILLIAMS, JENNIFER V-PRES.
Address: 2150 LAKEWOOD DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: SD () Delete
Name: HALE, REBECCA SEC.
Address: 2713 WISTERIA PLACE
City-St-Zip: SARASOTA, FL 34239

Title: TD () Delete
Name: MEREDITH, CYNTHIA TREAS.
Address: 2410 CASEY KEY ROAD
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: LONG, POLLY DIR.
Address: 4676 56TH DRIVE EAST
City-St-Zip: BRADENTON, FL 34203

Title: D () Delete
Name: LUTZ, DAVID DIR.
Address: 1622 BANYAN DRIVE
City-St-Zip: VENICE, FL 34293

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:

Title: D (X) Change () Addition
Name: ESTES, DAN DIR.
Address: 2120 TUTTLE TERRACE
City-St-Zip: SARASOTA, FL 34239

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CATHY DOUGLAS

PD

04/26/2007

Electronic Signature of Signing Officer or Director

Date