

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009426

FILED  
May 02, 2012  
Secretary of State

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

**Current Principal Place of Business:**

4311 NELSON AVE.  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

4311 NELSON AVE.  
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 AVE.  
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  
Name: DOUGLAS, CATHY PD  
Address: 4311 NELSON AVE  
City-St-Zip: SARASOTA, FL 34231

Title: VD  
Name: KRIZEN, NANCY VD  
Address: 2324 PINEHURST  
City-St-Zip: SARASOTA, FL 34231

Title: SD  
Name: DAVIS, GENA SD  
Address: 7630 DOUBLE PINE DR.  
City-St-Zip: SARASOTA, FL 34232

Title: TD  
Name: MEREDITH, CYNTHIA TD  
Address: 1545 MAPLE ST  
City-St-Zip: NOKOMIS, FL 34275

Title: D  
Name: LUTZ, DAVID D  
Address: 1622 BANYAN DR.  
City-St-Zip: VENICE, FL 34293

I hereby 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 all other like empowered.

SIGNATURE: CATHY DOUGLAS

PD

05/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date