


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90034 028 \*\*\*\*61.25

**DOCUMENT # N03000005634**

1. Entity Name  
**TRI-COUNTY FOSTER PARENTS ASSOCIATION, INC.**



Principal Place of Business  
 2409 US HWY 98 W  
 PERRY, FL 32347

Mailing Address  
 2409 US HWY 98 W  
 PERRY, FL 32347



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03212005 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

City & State  
 Zip Country

4. FEI Number  
**36-4535543**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WILSON, TOMMY RAY**  
 2409 US HWY 98 W  
 PERRY, FL 32347

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 *Tommy R. Wilson* President 3/21/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2005**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	WILSON, TOMMY RAY	
STREET ADDRESS	2409 US HWY 98 W	
CITY-ST-ZIP	PERRY, FL 32347	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMAS, MARY	
STREET ADDRESS	2409 US HWY 98 W	
CITY-ST-ZIP	PERRY, FL 32347	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WILSON, KATHRYN M	
STREET ADDRESS	2409 US HWY 98 W	
CITY-ST-ZIP	PERRY, FL 32347	
TITLE	T	<input type="checkbox"/> Delete
NAME	LYTLE, BARBARA	
STREET ADDRESS	3067 W MCKINLEY MADDOX RD	
CITY-ST-ZIP	PERRY, FL 32347	
		<input type="checkbox"/>
		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ingle, Samantha A	
STREET ADDRESS	416 W. Green St.	
CITY-ST-ZIP	Perry FL 32347	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
		<input type="checkbox"/>
		<input type="checkbox"/>

*Tommy R. Wilson*