

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90011 020 ****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
 800 W Ash St

Mailing Address

2409 US HWY 98 W
 PERRY FL 32347
 800 W Ash St

2. Principal Place of Business

Heartland House 2

3. Mailing Address

800 W Ash St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Perry, FL

City & State

Perry, FL

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 *Barbara Lytle*

Street Address (P.O. Box Number is Not Acceptable)

3067 McKinley Maddox Rd

City *Perry*

FL

Zip Code 32347

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

Barbara Lytle

Barbara Lytle

3-7-06

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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** Delete
 NAME **WILSON, TOMMY RAY**
 STREET ADDRESS **2409 US HWY 98 W**
 CITY-ST-ZIP **PERRY FL 32347**

TITLE **V** Delete
 NAME **THOMAS, MARY**
 STREET ADDRESS **2409 US HWY 98 W**
 CITY-ST-ZIP **PERRY FL 32347**

TITLE **S** Delete
 NAME **JINGLE, SAMANTHA A**
 STREET ADDRESS **416 W GREEN ST**
 CITY-ST-ZIP **PERRY FL 32347**

TITLE **T** Delete
 NAME **LYTLE, BARBARA**
 STREET ADDRESS **3067 W MCKINLEY MADDOX RD**
 CITY-ST-ZIP **PERRY FL 32347**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME *Roger Guidinger*
 STREET ADDRESS *2108 NW CR 150*
 CITY-ST-ZIP *Greenville, FL 32331*

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Lytle

Barbara Lytle

3/7/06

843-1838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #