

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV -9 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/11/07 01010 037 61.25
11082007 REIN-NP CR2E099 (1/07)

DOCUMENT # N03000005634 1. Entity Name TRI-COUNTY FOSTER PARENTS ASSOCIATION, INC.					
Principal Place of Business 800 W. ASH ST PERRY, FL 32347		Mailing Address 800 W. ASH ST PERRY, FL 32347			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 813 Suite, Apt. #, etc.			
City & State Perry Fla		City & State Perry Fla		4. FEI Number 36-4535543	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip 32348	Country Taiwan	Zip 32348	Country Taiwan	6. Name and Address of Current Registered Agent LYTLE, BARBARA 3067 MCKINLEY MADDOX RD 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 <i>Barbara Lytle</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		SIGNATURE <i>Barbara Lytle</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE	
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, TOMMY RAY 2409 US HWY 98 W PERRY, FL 32347	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUIDINGER, ROGER 2108 NW CR 150 GREENVILLE, FL 32331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S INGLE, SAMANTHA A 416 W GREEN ST PERRY, FL 32347	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LYTLE, BARBARA 3067 W MCKINLEY MADDOX RD PERRY, FL 32347	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Tommy Wilson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		SIGNATURE: <i>Tommy Wilson</i>		DATE: <i>11/8/07</i>	
DAYTIME PHONE: <i>850-884-2845</i>		[Empty]			

11/14