

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006317

FILED
Jun 06, 2005
Secretary of State

Entity Name: FLORIDA FOSTER PARENT ASSOCIATION OF PASCO COUNTY, INC.

Current Principal Place of Business:

13006 PEBBLE BEACH CIR
BAYONET POINT, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

13006 PEBBLE BEACH CIR
BAYONET POINT, FL 34667 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MITCHELL, ERIC
13006 PEBBLE BEACH CIR
BAYONET POINT, FL 34667 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: P () Delete
Name: MITCHELL, ERIC J
Address: 13006 PEBBLE BEACH CIR
City-St-Zip: BAYONET POINT, FL 34667 US

Title: VP () Delete
Name: HUTCHINSON, DOUGLAS
Address: 4804 STEEL DUST LANE
City-St-Zip: LUTZ, FL 33559 US

Title: T () Delete
Name: GOURLAY, CORINNA K
Address: 8649 FOREST LAKE DR.
City-St-Zip: PORT RICHEY, FL 34668 US

Title: S () Delete
Name: JOAN, PATTERSON
Address: 1920 ROWLAND DR.
City-St-Zip: ODESSA, FL 33556 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: HUTCHINSON, DOUGLAS
Address: 4804 STEEL DUST LANE
City-St-Zip: LUTZ, FL 33559 US

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

Title: VP (X) Change () Addition
Name: TRISH, SKAGGS
Address: 7515 CULBERSON DR
City-St-Zip: PORT RICHEY, FL 34668 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CORINNA GOURLAY

T

06/06/2005

Electronic Signature of Signing Officer or Director

Date