

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007465

FILED  
Apr 18, 2005  
Secretary of State

**Entity Name:** LAKE COUNTY FOSTER PARENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

1300 NORTH DUNCAN DRIVE  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 879  
TAVARES, FL 327780879

**New Mailing Address:**

**FEI Number:** 56-2391510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STOVER, EDITH KAREN  
22514 COUNTY ROAD 455  
HOWEY-IN-THE- HILLS, FL 34737 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 ( ) Delete  
Name: STOVER, EDITH KAREN  
Address: 22514 COUNTY ROAD 445  
City-St-Zip: HOEWY-IN-THE-HILLS, FL 34737

Title: VD ( ) Delete  
Name: JOHNSON, RONNI  
Address: 19004 CRANE ROAD  
City-St-Zip: ALTOONA, FL 32702

Title: VD ( ) Delete  
Name: DUPUIS, LINDA  
Address: 702 BALMORAL CIRCLE  
City-St-Zip: LEESBURG, FL 34748

Title: SD ( ) Delete  
Name: BYRD, BARBARA  
Address: 13709 WOODLAND DRIVE  
City-St-Zip: ASTATULA, FL 34705

Title: TD ( ) Delete  
Name: BYRD, RONALD  
Address: 13709 WOODLAND DRIVE  
City-St-Zip: ASTATULA, FL 34705

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: BYRD, BARBARA  
Address: 13709 WOODLAND DRIVE  
City-St-Zip: ASTATULA, FL 34705

Title: VD (X) Change ( ) Addition  
Name: HINES, DONALD  
Address: 2104 WAITMAN AVENUE  
City-St-Zip: LEESBURG, FL 34748

Title: SD (X) Change ( ) Addition  
Name: BALENTINE, DEBRA  
Address: 157 ASHLEY STREET  
City-St-Zip: ASTATULA, FL 34736

Title: TD (X) Change ( ) Addition  
Name: HARTLERODE, MARY ANN  
Address: 22514 CR 455  
City-St-Zip: HOWEY IN THE HILLS, FL 34737

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: EDITH KAREN STOVER

PRES

04/18/2005

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

\_\_\_\_\_  
Date