

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003875

FILED
Jan 20, 2007
Secretary of State

Entity Name: SUNCOAST FOSTER PARENT ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 89944
TAMPA, FL 336890416

New Principal Place of Business:

1002 EAST PALM AVENUE
TAMPA, FL 33602

Current Mailing Address:

POST OFFICE BOX 89944
TAMPA, FL 336890416

New Mailing Address:

FEI Number: 37-1508420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARDNER, JOHN W ESQ.
21 EAST ROBERTSON STREET
BRANDON, FL 33511 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: DP () Delete
Name: DENTON, JERRY
Address: 1103 KING ARTHUR COURT
City-St-Zip: VALRICO, FL 33594

Title: DV () Delete
Name: ELLIOT, VICTORIA
Address: POST OFFICE BOX 2475
City-St-Zip: VALRICO, FL 33595

Title: DT () Delete
Name: THOMPSON, RICHARD H
Address: 5111 OAKHAVEN LANE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: DS () Delete
Name: LANSING, SHELBI
Address: 11708 NICKLAUS CIR
City-St-Zip: TAMPA, FL 33624

Title: DC () Delete
Name: QUESADA, EDUARDO
Address: 2704 BREAKWATER CT
City-St-Zip: BRANDON, FL 33511

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ELLIOTT, VICTORIA MRS.
Address: P. O. BOX 2475
City-St-Zip: VALRICO, FL 33595

Title: DV (X) Change () Addition
Name: LANSING, SHELBI MRS.
Address: 11708 NICKLAUS CIRCLE
City-St-Zip: TAMPA, FL 33624

Title: DT (X) Change () Addition
Name: GARCIA, DANNY MR.
Address: 1910 NADINE ROAD, #101
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: AT (X) Change () Addition
Name: MANCI, SAM MR.
Address: 2930 FOLKLORE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: DS (X) Change () Addition
Name: GOCEK, AILEEN MRS.
Address: 24430 PAINTER DRIVE
City-St-Zip: LAND O' LAKES, FL 34639

Title: DC () Change (X) Addition
Name: FACENDA, NANCY MRS.
Address: 217 SKYWOOD DRIVE
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: VICTORIA ELLIOTT

DP

01/20/2007

Electronic Signature of Signing Officer or Director

_____ Date