2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# N06000007083

Entity Name: FOSTER AND ADOPTIVE PARENT ASSOCIATION OF BAY AND GULF COUNTIES, INC.

Current Principal Place of Business:

233 HARVARD BLVD.
LYNN HAVEN, FL 32444

New Principal Place of Business:

14124 BLUE LAKE ROAD
SOUTHPORT, FL 32409

Current Mailing Address:

233 HARVARD BLVD.
LYNN HAVEN, FL 32444

New Mailing Address:

14124 BLUE LAKE ROAD
SOUTHPORT, FL 32409

FEI Number: 20-5344025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

FLOUNLACKER, PAUL ESQ.
4248 STARGAZER TRAIL
TALLAHASSEE, FL 32309 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: BUTLER, RANDY
Address: 233 HARVARD BLVD.
City-St-Zip: LYNN HAVEN, FL 32444

Title: DV ( ) Delete
Name: PARKER, ANN
Address: 614 BIG DADDY'S NOOK RD.
City-St-Zip: WEWAHITCHKA, FL 32465

Title: DTS ( ) Delete
Name: YOUNG'USZUKO, JOANN
Address: 14124 BLUE LAKE RD.
City-St-Zip: SOUTHPORT, FL 32409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: JACKSON, TERESA
Address: 233 HARVARD BLVD.
City-St-Zip: LYNN HAVEN, FL 32444

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JO ANN YOUNG-USZUKO DTS 05/06/2009
Electronic Signature of Signing Officer or Director — Date