2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N07000006794

Entity Name: ESCAMBIA COUNTY FOSTER ADOPTIVE PARENT ASSOCIATION INC

Current Principal Place of Business:

250 W BURGESS ROAD
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17931
PENSACOLA, FL 32522

New Mailing Address:

FEI Number: 20-5692361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GANLEY, CATHERINE E DIR.
198 WILDFLOWER LANE
PENSACOLA, FL 32514 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: DIR. ( ) Delete
Name: WATERS, GERALD L
Address: 2157 ORTEGA STREET
City-St-Zip: NAVARRE, FL 32566

Title: DIR. ( ) Delete
Name: BRANCHCOMB, PATRICIA
Address: 7433 MOBILE HWY
City-St-Zip: PENSACOLA, FL 32526

Title: DIR. ( ) Delete
Name: ANTONELLI, DESIREE
Address: 3315 W. GONZALES STREET
City-St-Zip: PENSACOLA, FL 32505

Title: DIR. ( ) Delete
Name: GANLEY, CATHERINE E
Address: 198 WILDFLOWER LANE
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: BRANCHCOMB, PATRICIA
Address: 7433 MOBILE HWY
City-St-Zip: PENSACOLA, FL 32526

Title: V.P. (X) Change ( ) Addition
Name: GOODSON, TINA
Address: 1166 BROWNFIELD ROAD
City-St-Zip: PENSACOLA, FL 32526

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: CATHERINE E. GANLEY DIR. 03/02/2009

Electronic Signature of Signing Officer or Director Date