

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001384

**FILED**  
**Jul 20, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1250 SW 144TH COURT  
OCALA, FL 34481

**New Principal Place of Business:**

**Current Mailing Address:**

1250 SW 144TH COURT  
OCALA, FL 34481

**New Mailing Address:**

**FEI Number:** 38-3796080

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMPSON, STEPHANIE  
1250 SW 144TH COURT  
OCALA, FL 34481 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  
**Name:** THOMPSON, STEPHANIE  
**Address:** 1250 SW 144TH COURT  
**City-St-Zip:** OCALA, FL 34481

**Title:** T  
**Name:** TODD, CAROL  
**Address:** 6540 SW 131 PLACE  
**City-St-Zip:** OCALA, FL 34473

I hereby 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 all other like empowered.

**SIGNATURE:** CAROL L. TODD

T

07/20/2012

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

\_\_\_\_\_  
Date