2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# N09000002640

Entity Name: FOSTER PARENT ASSOCIATION OF HERNANDO COUNTY, INC.

Current Principal Place of Business:

2489 LOST PINE TRAIL
BROOKSVILLE, FL 34604

New Principal Place of Business:

Current Mailing Address:

PO BOX 15195
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 59-2727492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOINS, LINDA
2489 LOST PINE TRAIL
BROOKSVILLE, FL 34604 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: D
Name: GIORGIO, NORA
Address: PO BOX 15195
City-St-Zip: SPRING HILL, FL 34608

Title: DP
Name: HOINS, LINDA
Address: PO BOX 15195
City-St-Zip: SPRING HILL, FL 34608

Title: DVP
Name: MARTIN, MARILYN
Address: PO BOX 15195
City-St-Zip: SPRING HILL, FL 34608

Title: S
Name: CORBETT, KATHY
Address: PO BOX 15195
City-St-Zip: SPRING HILL, FL 34608

Title: T
Name: OTERO, MARIO
Address: PO BOX 15195
City-St-Zip: SPRING HILL, FL 34608

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: LINDA HOINS DP 01/05/2011

Electronic Signature of Signing Officer or Director Date