

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004202

FILED
Feb 16, 2011
Secretary of State

Entity Name: PASCO COUNTY FOSTER ADOPTIVE PARENT ASSOCIATION, INC.

Current Principal Place of Business:

1336 DAVENPORT DRIVE
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

1336 DAVENPORT DR
NEW PORT RICHEY, FL 34655

Current Mailing Address:

1336 DAVENPORT DRIVE
NEW PORT RICHEY, FL 34655

New Mailing Address:

PO BOX 4002
HOLIDAY, FL 34692

FEI Number: 26-4355690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFERS, TOD
1336 DAVENPORT DRIVE
NEW PORT RICHEY, FL 34655 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
Name: DIAZ, LORA
Address: PO BOX 4002
City-St-Zip: HOLIDAY, FL 34692

Title: DVP2
Name: WALTERS, LYNN
Address: PO BOX 4002
City-St-Zip: HOLIDAY, FL 346924002

Title: DS
Name: HAYNES, JACKIE
Address: PO BOX 4002
City-St-Zip: HOLIDAY, FL 346924002

Title: DT
Name: KING, VICKIE
Address: PO BOX 4002
City-St-Zip: HOLIDAY, FL 346924002

Title: DVP1
Name: RANDAZZO, CAROLE
Address: PO BOX 4002
City-St-Zip: HOLIDAY, FL 34692 US

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: LORA DIAZ

DP

02/16/2011

Electronic Signature of Signing Officer or Director

Date