

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008202

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** TRI-COUNTY FOSTER ADOPTIVE PARENT ASSOCIATION INC.

**Current Principal Place of Business:**

6469 SE 67TH COURT  
TRENTON, FL 32693

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2202  
TRENTON, FL 32693

**New Mailing Address:**

**FEI Number:** 27-0761338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLATT, SIMON N  
6469 SE 67TH COURT  
TRENTON, FL 32693 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: PD  
Name: SPILLANE, KIMBERLY  
Address: 10850 NE 86TH STREET  
City-St-Zip: BRONSON, FL 32621

Title: VPD  
Name: SANTERFEIT, PEGGY  
Address: 3250 NW 160TH STREET  
City-St-Zip: TRENTON, FL 32693

Title: SD  
Name: TURCHON, SUSAN  
Address: 8270 SE 80TH STREET  
City-St-Zip: NEWBERRY, FL 32669

Title: TD  
Name: FLATT, SIMON N  
Address: 6469 SE 67TH COURT  
City-St-Zip: TRENTON, FL 32693

Title: CD  
Name: SPILLANE, PATRICK  
Address: 10850 NE 86TH STREET  
City-St-Zip: BRONSON, FL 32621

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: SIMON N FLATT

TD

01/06/2010

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

\_\_\_\_\_  
Date