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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N17069

1. Corporation Name

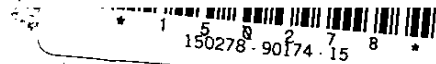
FOSTER PARENTS ASSOCIATION OF PALM BEACH COUNTY, INC.

Principal Place of Business

1300 N. FLORIDA MANGO
 SUITE 21
 WEST PALM BEACH FL 33409
 US

Mailing Address

1300 N. FLORIDA MANGO
 SUITE 21
 WEST PALM BEACH FL 33409
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/01/1986

4. FEI Number

59-2725289

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

COHN, BENNETT S.
 205 6TH ST
 WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
 NAME STRISCHEK, DEV
 STREET ADDRESS 625 N FLAGLER DR 10TH FL
 CITY-ST-ZIP W PALM BEACH FL 33401

TITLE VPD ☒ DELETE
 NAME EVERETT, LOLITHA
 STREET ADDRESS 215 APPLE AVE
 CITY-ST-ZIP PAHOKEE FL

TITLE SD ☐ DELETE
 NAME FITZGERALD, SHIRLEY
 STREET ADDRESS 9144 E HIGHLAND PINES BLVD
 CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE VPD ☒ DELETE
 NAME AMORA, DAWN
 STREET ADDRESS 6465 183RD TR N
 CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE VPD ☐ DELETE
 NAME MARINARO, BEVERLY
 STREET ADDRESS 4697 NW 6TH COURT
 CITY-ST-ZIP DELRAY FL

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☒ Addition
 1.2 NAME Lucas, Hazel
 1.3 STREET ADDRESS 423 Fern St, Ste 220
 1.4 CITY-ST-ZIP West Palm Beach, FL 33401

2.1 TITLE Treasurer ☐ Change ☒ Addition
 2.2 NAME Barat, Gary
 2.3 STREET ADDRESS 21601 Palm Beach Lakes Ste 450
 2.4 CITY-ST-ZIP West Palm Beach, FL 33409

3.1 TITLE Secretary ☐ Change ☐ Addition
 3.2 NAME Frank, Julianne
 3.3 STREET ADDRESS 3300 PGA Blvd, Ste 500
 3.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99 561 686-9710
 Date Daytime Phone #

CR2E037 (1/98)