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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

MAY -1 PM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25888 (1)

1. Corporate Name

JACKSON COUNTY FOSTER PARENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4452 CLINTON STR MARIANNA FL 32446 US	4452 CLINTON STR MARIANNA FL 32446 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1988

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3161412 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LIPFORD, RHEDA C
2900 CEDAR HILL DR
MARIANNA FL 32446

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Rheda C. Lipford, President — Rheda C. Lipford — 4/28/95

Signature, type or print name of registered agent and title if applicable — (NOTE: Registered Agent signature required where indicated) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	BRADWELL, ANNIE	12 NAME	
STREET ADDRESS	2842 BOOKER STR	13 STREET ADDRESS	
CITY ST ZIP	MARIANNA FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BAXTER, VICKI	22 NAME	
STREET ADDRESS	2966 SANDRIDGE CHURCH RD	23 STREET ADDRESS	
CITY ST ZIP	SNEADS FL	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	LIPFORD, RHEDA	32 NAME	
STREET ADDRESS	2900 CEDAR HILL DR	33 STREET ADDRESS	
CITY ST ZIP	MARIANNA FL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	BLACK, CLEVELAND	42 NAME	
STREET ADDRESS	2888 PENN AVE	43 STREET ADDRESS	
CITY ST ZIP	MARIANNA FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Rheda C. Lipford — Rheda C. Lipford — 4/28/95 — 904-526-5718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0028010