


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25888 (1)
1. Corporation Name
JACKSON COUNTY FOSTER PARENT ASSOCIATION, INC.



Principal Place of Business 4452 CLINTON STR MARIANNA FL 32446 US	Mailing Address 4452 CLINTON STR MARIANNA FL 32446-3438 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/13/1988	3a. Date of Last Report 04/26/1996
				4. FEI Number 59-3161412	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 BUTLER, IDWELLA 82 Street Address (P.O. Box Number is Not Acceptable) 3783 HWY 69 83 84 City GREENWOOD FL 85 Zip Code 32443	
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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]* **Idwella Butler** **4-25-97**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input type="checkbox"/> DELETE	1.1 TITLE SD/TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRADWELL, ANNIE		1.2 NAME GODWIN, ORA	
STREET ADDRESS 2842 BOOKER STR		1.3 STREET ADDRESS 5702 FORT RD.	
CITY-ST-ZIP MARIANNA FL		1.4 CITY-ST-ZIP GREENWOOD FL. 32443	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAXTER, VICKI		2.2 NAME MOCK, CONNIE	
STREET ADDRESS 2866 SANDRIDGE CHURCH RD		2.3 STREET ADDRESS 2860 CYPRESS GROVE RD.	
CITY-ST-ZIP SNEADS FL		2.4 CITY-ST-ZIP GRAND RIDGE FL. 32442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIPFORD, RHEDA		3.2 NAME BUTLER, IDWELLA	
STREET ADDRESS 2900 CEDAR HILL DR		3.3 STREET ADDRESS 3783HWY 69	
CITY-ST-ZIP MARIANNA FL		3.4 CITY-ST-ZIP GREENWOOD FL. 32443	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLACK, CLEVELAND		4.2 NAME	
STREET ADDRESS 2888 PENN AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP MARIANNA FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *[Signature]* **Idwella Butler** **4-25-97**

CR2E037 (9/96)