

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N37092** (6)

1. Corporation Name

FOSTER/SHELTER PARENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O LESTER JORDAN JR.
2664 VERNON ST
JACKSONVILLE FL 32209
US

P.O. BOX 12396
JACKSONVILLE FL 32209
US

3. Date Incorporated or Qualified
03/12/1990

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JORDAN, LESTER JR.
2664 VERNON STREET
JACKSONVILLE FL 32209

81

Name

Gloria Jordan

82

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

2664 VERNON ST

83

PO Box 12396

84

City

Jax

FL

85

Zip Code

32209

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

Gloria Jordan

Gloria Jordan, PD

4/25/96

(Signature, typed or printed name of registered agent and date if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

Date

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, MAE	
STREET ADDRESS	8913 BRONSON LANE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JORDAN, LESTER	
STREET ADDRESS	2664 VERNON STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	JORDAN GLORIA	
STREET ADDRESS	2664 VERNON STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TYLER, MARY	
STREET ADDRESS	1622 W. 13TH STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAYNES, GWENDOLYN	
STREET ADDRESS	3530 ALMEDA STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BRUNSWICK, BRENDA,	
STREET ADDRESS	5857 GASPAR CIRCLE N.	
CITY - ST - ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JORDAN, Gloria	
1.3 STREET ADDRESS	2664 VERNON ST	
1.4 CITY - ST - ZIP	Jax, Fla. 32209	
2.1 TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JORDAN, LESTER	
2.3 STREET ADDRESS	2664 VERNON ST	
2.4 CITY - ST - ZIP	Jax, Fla. 32209	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rodgers, Gloria	
3.3 STREET ADDRESS	3068 SOUTEL DR	
3.4 CITY - ST - ZIP	Jacksonville, Fla 32208	
4.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Tyler, Mary	
4.3 STREET ADDRESS	1622 W 13TH ST	
4.4 CITY - ST - ZIP	Jax, Fla. 32209	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HAYNES, Gwendolyn	
5.3 STREET ADDRESS	3530 Almeda ST	
5.4 CITY - ST - ZIP	Jax, Fla. 32209	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Bennett, MAE	
6.3 STREET ADDRESS	8913 Bronson Lane	
6.4 CITY - ST - ZIP	Jacksonville, FL 32219	

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)(k), 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

Gloria Jordan

Gloria Jordan

4/25/96

924-1760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)