


FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N37092** (6)

1. Corporation Name  
**FOSTER/SHELTER PARENT ASSOCIATION, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>C/O LESTER JORDAN JR.<br/>2664 VERNON ST<br/>JACKSONVILLE FL 32209<br/>US</b> | Mailing Address<br><b>P.O. BOX 12396<br/>JACKSONVILLE FL 32209-0396<br/>US</b> |
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|   |                                  |   |  |
|---|----------------------------------|---|--|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> | 3. Date incorporated or Qualified<br><b>03/12/1990</b>  | 3a. Date of Last Report<br><b>05/01/1996</b>           |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> | 4. FEI Number<br><b>59-2978701</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                       |  |
|   |                                  | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br><b>JORDAN, LESTER JR.<br/>2664 VERNON STREET<br/>JACKSONVILLE FL 32209</b> | 10. Name and Address of New Registered Agent<br><b>81 Name</b><br><b>82 Street Address (P.O. Box Number is Not Acceptable)</b><br><b>83</b><br><b>84 City</b> <b>FL</b> <b>85 Zip Code</b> |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | VD <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BENNETT, MAE                        | 1.2 NAME  |   |
| STREET ADDRESS             | 8913 BRONSON LANE                   | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | JACKSONVILLE FL                     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | PD <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JORDAN, LESTER                      | 2.2 NAME  |   |
| STREET ADDRESS             | 2664 VERNON STREET                  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | JACKSONVILLE FL                     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | STD <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JORDAN GLORIA                       | 3.2 NAME  |   |
| STREET ADDRESS             | 2664 VERNON STREET                  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | JACKSONVILLE FL                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TYLER, MARY                         | 4.2 NAME  |   |
| STREET ADDRESS             | 1622 W. 13TH STREET                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | JACKSONVILLE FL                     | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HAYNES, GWENDOLYN                   | 5.2 NAME  |   |
| STREET ADDRESS             | 3530 ALMEDA STREET                  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | JACKSONVILLE FL                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | T <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BRUNSWICK, BRENDA,                  | 6.2 NAME  |   |
| STREET ADDRESS             | 5857 GASPAR CIRCLE N.               | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | JACKSONVILLE FL                     | 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: *Lester Jordan* 4-25-97 (904) 924-1760  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0006134

CR2E037 (9/96)