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**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90134 040 \*\*\*\*70.00

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N37092**

1. Corporation Name

**FOSTER/SHELTER PARENT ASSOCIATION, INC.**

Principal Place of Business

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

Mailing Address

P.O. BOX 12396  
JACKSONVILLE FL 32209  
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

**03/12/1990**

4. FEI Number

**59-2978701**

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

**JORDAN, LESTER JR.  
2664 VERNON STREET  
JACKSONVILLE FL 32209**

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 **VD** ☐ DELETE  
NAME **BENNETT, MAE**  
STREET ADDRESS **8913 BRONSON LANE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☐ DELETE  
NAME **JORDAN, LESTER**  
STREET ADDRESS **2664 VERNON STREET**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **STD** ☐ DELETE  
NAME **JORDAN GLORIA**  
STREET ADDRESS **2664 VERNON STREET**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE  
NAME **TYLER, MARY**  
STREET ADDRESS **1622 W. 13TH STREET**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☐ DELETE  
NAME **HAYNES, GWENDOLYN**  
STREET ADDRESS **3530 ALMEDA STREET**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **T** ☒ 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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

**T/C**  
**Gloria Rodgers**  
**3068 Soutel Dr. Jax, Fla.**

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

Date

Daytime Phone #

CR2E037 (1/98)

**01-2798 (984)**  
**633-9374**