

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37092

1. Entity 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 32209-0396
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2978701

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JORDAN, LESTER JR.
2664 VERNON STREET
JACKSONVILLE FL 32209

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. (MD) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☒ Delete
NAME BENNETT, MAE
STREET ADDRESS 8913 BRONSON LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☒ Addition
NAME Gwendolyn Heath
STREET ADDRESS 5920 Arlington Expwy
CITY-ST-ZIP Jay, Fla. 3220

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME HAYNES, GWENDOLYN
STREET ADDRESS 3530 ALMEDA STREET
CITY-ST-ZIP JACKSONVILLE FL

TITLE (S) ☐ Change ☒ Addition
NAME Catherine Newman
STREET ADDRESS 7517 N. Shaw Blvd
CITY-ST-ZIP Jay Fla 32208

TITLE TC ☐ Delete
NAME RODGERS, GLORIA
STREET ADDRESS 3068 SOUTEL DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Gloria Jordan

Date

5-8-2000

Daytime Phone #

CR2E037 (9/99)