

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37092

FILED
Apr 20, 2006
Secretary of State

Entity Name: FOSTER/SHELTER PARENT ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12396
JACKSONVILLE, FL 32209 US

New Mailing Address:

FEI Number: 59-2978701 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: BENNETT, MAE,
Address: 5920 ARLINGTON EXPY
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: PD () Delete
Name: JORDAN, LESTER,
Address: 2664 VERNON STREET
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: STD () Delete
Name: JORDAN GLORIA,
Address: 2664 VERNON STREET
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: D () Delete
Name: TYLER, MARY,
Address: 1622 W. 13TH STREET
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: S () Delete
Name: NEWMAN, CATHERINE
Address: 7517 NORTH SHORE BLVD.
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: T () Delete
Name: HEATH, GWENDOLYN
Address: 1545 W 10TH ST
City-St-Zip: JACKSONVILLE, FL 32209 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: LINDA BARNEY,
Address: 8016 VOLTAIRE COURT W
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA BARNEY

MD

04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date