

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90169 004 \*\*\*\*70.00

**DOCUMENT # N37092**

1. Entity 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  
*Same*  
Suite, Apt. #, etc.

3. Mailing Address  
*Same*  
Suite, Apt. #, etc.

City & State  
*Jax Fla*  
Zip  
*32209*  
Country  
*USA*

City & State  
*Jax Fla.*  
Zip  
*32209*  
Country  
*USA*

4. FEI Number **59-2978701**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lester Jordan Jr*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-28-03*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	MD	<input type="checkbox"/> Delete
NAME	<b>BENNETT, MAE</b>	
STREET ADDRESS	<b>5920 ARLINGTON EXPY</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32208</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>JORDAN, LESTER</b>	
STREET ADDRESS	<b>2664 VERNON STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>JORDAN GLORIA</b>	
STREET ADDRESS	<b>2664 VERNON STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>TYLER, MARY</b>	
STREET ADDRESS	<b>1622 W. 13TH STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>NEWMAN, CATHERINE</b>	
STREET ADDRESS	<b>7517 NORTH SHORE BLVD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32208</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>HEATH, GWENDOLYN</b>	
STREET ADDRESS	<b>1545 W 10TH ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Lester Jordan Jr*

*4-28-03 633-9324*

CR2E037 (10/02)