

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47655

FILED
Apr 03, 2008
Secretary of State

Entity Name: FOSTER PARENTS OF OSCEOLA COUNTY, INC.

Current Principal Place of Business:

4055 HICKORY TREE RD
ST. CLOUD, FL 34772 US

New Principal Place of Business:

Current Mailing Address:

4055 HICKORY TREE RD
ST. CLOUD, FL 34772 US

New Mailing Address:

FEI Number: 59-3117786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COTTI, BARBARA
4055 HICKORY TREE ROAD
ST. CLOUD, FL 34772 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: PD () Delete
Name: COTTI, BARBARA
Address: 4055 HICKORY TREE RD.
City-St-Zip: ST. CLOUD, FL

Title: VD () Delete
Name: MOFFETT, SONYA
Address: 544 NOGALES COURT
City-St-Zip: KISSIMMEE, FL 34758

Title: SD () Delete
Name: MARIA, PERRY
Address: 2618 BRIGG CT
City-St-Zip: KISSIMMEE, FL 34743

Title: T () Delete
Name: MICHELLE, JORDAN
Address: 206 HOLLYWOOD COURT NORTH
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COTTI, BARBARA
Address: 4055 HICKORY TREE RD.
City-St-Zip: ST. CLOUD, FL

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA COTTI

PD

04/03/2008

Electronic Signature of Signing Officer or Director

Date