

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47655

FILED
Mar 29, 2012
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
Name: COTTI, BARBARA
Address: 4055 HICKORY TREE RD.
City-St-Zip: ST. CLOUD, FL 34772

Title: VD
Name: MARIA, NARVAEZ M
Address: 2451 WINCHESTER BLD
City-St-Zip: KISSIMMEE, FL 34743

Title: SD
Name: JULIET, VICKERS
Address: 7064 BUCKHORN TRAIL
City-St-Zip: ST CLOUD, FL 34771

Title: T
Name: DEBBIE, DEFOUR
Address: 24 LOUISIANA AVENUE
City-St-Zip: ST. CLOUD, FL 34769

I hereby 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 all other like empowered.

SIGNATURE: MARIA M. NARVAEZ

VD

03/29/2012

Electronic Signature of Signing Officer or Director

Date