FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthunt

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # N93000000805 (2)

FOSTER PARENT ASSOCIATION NORTH BRANCH INC.

Principal Place of Business Mailing Address 20421 NW 46 AVENUE 20421 NW 46 AVENUE 3. Date Incorporated or Qualified MIAMI FL 33055 MIAMI FL 33055 03/10/1993 4. FEI Number Applied For NOT APPLICABLE Not Applicable 2a. Maiting Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired Fee Required 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Added to Fees **Trust Fund Contribution** 27 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes 28 Country 8. This corporation owes or has paid the current year Intangible Zip Zip Yes Personal Property Tax due June 30. 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KEMP, ANNIE K 82 Street Address (P.O. Box Number is Not Acceptable) 20421 NW 46 AVENUE 83 MIAMI FL 33055 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change Addition DELETE 1.1 TITLE TITLE KEMP, ANNIE K 1.2 NAME NAME 20421 NW 46 AVENUE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33055 1.4 CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change DELETE 2.1 TITLE TITLE NAME CLARK, WILLIAM JR 2.2 NAME STREET ADDRESS 3225 NW 49 ST 2.3 STREET ADDRESS **MIAMI FL 33142** 2. 4 CITY - ST-ZIP CITY-ST-ZIP Addition ■ DELETE Change 3.1 TITLE TITLE **BROWN, JAMES** 3.2 NAME NAME 1101 N.W. 139 STREET 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33168** 3.4 CITY-ST-7IP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE SMITH, DEBRA 4.2 NAME NAME 2810 N.W. 174 STREET 4.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33054** 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

CITY-ST-ZIF

SIGNATURE: annie T. Kenp

Annic Kikem?

14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

FILED

Mar 10 1998 8:00am

Secretary of State