

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jan 23, 1999 8:00am**  
**Secretary of State**

01-23-1999 90016 022 \*\*\*\*\*70.00

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N93000000805**

1. Corporation Name  
**FOSTER PARENT ASSOCIATION, NORTH BRANCH, INC.**

Principal Place of Business  
**20421 NW 46 AVENUE  
 MIAMI FL 33055**

Mailing Address  
**20421 NW 46 AVENUE  
 MIAMI FL 33055**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	03/10/1993	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	NOT APPLICABLE	
24	Country	29	Country	Applied For	
		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/>	
KEMP, ANNIE K				\$8.75 Additional Fee Required	
20421 NW 46 AVENUE				6. Election Campaign Financing <input type="checkbox"/>	
MIAMI FL 33055				Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KEMP, ANNIE K				81 Name			
20421 NW 46 AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33055				83			
				84 City		85 Zip Code	
				FL			

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 Annie K. Kemp Annie K. Kemp 1/4/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEMP, ANNIE K		1.2 NAME		
STREET ADDRESS	20421 NW 46 AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33055		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, WILLIAM JR		2.2 NAME		
STREET ADDRESS	3225 NW 49 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, JAMES		3.2 NAME		
STREET ADDRESS	1101 N.W. 139 STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33168		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, DEBRA		4.2 NAME		
STREET ADDRESS	2810 N.W. 174 STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33054		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Annie K. Kemp Annie K. Kemp 1/4/99 305 372-3195  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)