

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90080 034 ***70.00

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1. Entity Name

FOSTER PARENT ASSOCIATION, NORTH BRANCH, INC.

Principal Place of Business

Mailing Address

P. O. BOX 69-4265
 MIAMI FL 33269

P. O. BOX 69-4265
 MIAMI FL 33269-1265

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEMP, ANNIE K
20421 NW 46 AVENUE
MIAMI FL 33055

Name **JOANN JONES**

Street Address (P.O. Box Number is Not Acceptable)

2870 NW 208 ST.

City **MIAMI**

FL

Zip Code **33056**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D**
 STREET ADDRESS **KEMP, ANNIE K**
 CITY-ST-ZIP **20421 NW 46 AVENUE**
MIAMI FL 33055

TITLE Change Addition
 NAME **PROVISENT**
JOANN JONES
 STREET ADDRESS **2870 NW 208 ST.**
 CITY-ST-ZIP **MIAMI FL 33056**

TITLE Delete
 NAME **D**
 STREET ADDRESS **CLARK, WILLIAM JR**
 CITY-ST-ZIP **3225 NW 49 ST**
MIAMI FL 33142

TITLE Change Addition
 NAME **VICE PRESIDENT**
STEPHANIE WIMBERLY
 STREET ADDRESS **750 NW 96 ST.**
 CITY-ST-ZIP **MIAMI FL 33150**

TITLE Delete
 NAME **D**
 STREET ADDRESS **BROWN, JAMES**
 CITY-ST-ZIP **1101 N.W. 139 STREET**
MIAMI FL 33168

TITLE Change Addition
 NAME **SECRETARY**
GLADYS BROWN
 STREET ADDRESS **1101 NW 139 ST.**
 CITY-ST-ZIP **MIAMI FL 33168**

TITLE Delete
 NAME **D**
 STREET ADDRESS **SMITH, DEBRA**
 CITY-ST-ZIP **2810 N.W. 174 STREET**
MIAMI FL 33054

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: **SIGNATURE REQUIRED** *Joann Jones* **3/12/2000** **(305) 637-4717**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)