


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90030 047 ****70.00

DOCUMENT # N93000000805 1. Entity Name FOSTER PARENT ASSOCIATION, NORTH BRANCH, INC.					
Principal Place of Business P. O. BOX 69-4265 MIAMI, FL 33269			Mailing Address P. O. BOX 69-4265 MIAMI, FL 33269		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JONES, JOANN 2870 NW 208 ST MIAMI, FL 33056				Name <u>Mary Burton</u> Street Address (P.O. Box Number is Not Acceptable) <u>2465 N.W. 82 Street</u> City <u>Miami</u> FL Zip Code <u>33147</u>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Mary Burton</u> <small>Signature, typed or printed name of registered agent and if applicable.</small>				DATE <u>3/12/04</u> <small>(NOTE: Registered Agent signature required when registering)</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JOANN		NAME	Mary Burton	
STREET ADDRESS	2870 NW 203 ST		STREET ADDRESS	2465 N.W. 82 Street	
CITY-ST-ZIP	MIAMI, FL 33056		CITY-ST-ZIP	Miami, FL 33147	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, MARY		NAME	Bernice Wimbley	
STREET ADDRESS	2465 NW 82 STREET		STREET ADDRESS	12110 N.E. miami ct.	
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP	Miami, FL 33147	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JAMES		NAME	Mary Johnson	
STREET ADDRESS	1101 N.W. 139 STREET		STREET ADDRESS	17221 N.W. 41st Ave	
CITY-ST-ZIP	MIAMI, FL 33168		CITY-ST-ZIP	Miami, FL 33056	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, MARY		NAME	Joann Jones	
STREET ADDRESS	15851 NW 17 CT		STREET ADDRESS	2870 N.W. 208st	
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP	miami, FL 33056	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Mary Burton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>3/12/04</u> <small>Date</small>		TELEPHONE <u>(305) 835-4891</u> <small>Daytime Phone #</small>