


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000000805
 1. Entity Name
FOSTER PARENT ASSOCIATION, NORTH BRANCH, INC.



Principal Place of Business Mailing Address
 P. O. BOX 69-4265 P. O. BOX 69-4265
 MIAMI, FL 33269 MIAMI, FL 33269

DO NOT WRITE IN THIS SPACE



04142005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 BARTON, MARY
 2465 NW 82 ST.
 MIAMI, FL 33147

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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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JOANN 2870 NW 203 ST MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURTON, MARY 2465 NW 82 STREET MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JAMES 1101 N.W. 139 STREET MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, MARY 15851 NW 17 CT OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/25/05-80156-021 70.00

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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: Mary Burton Mary Burton 4/17/05 305-835-6891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #