2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2007 8:00 am Secretary of State 02-15-2007 90045 029 ****70.00

DOCUMENT # N9300000805 1. Entity Name FOSTER PARENT ASSOCIATION, NORTH BRANCH, INC.									02-15-200	07 90045 ()29 ****7	'0.00
P. O. BOX 69-4265			P. 0.	Mailing Address P. O. BOX 69-4265 MIAMI, FL 33269				40018033				
2. Principal P	Place of Busi	iness - No P.O. Box #	3. Mail	ing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				01182007 Chg-NP CR2E037 (12/06)				
City & Stat	te		Cit	y & State				4. FEI Numbe NOT AP	PLICABLE		<u> </u>	pplied For ot Applicable
Zip	Country		Zip	Zip Cou		untry	5. Certilicate of Status Desired			t 🗆	\$8.75 Add	ditional
	6. Name	e and Address of Curre	nt Registere	d Agent				7. Name and	Address of Nev	Registered	Agent ·	
BARTON, 2465 NW 8 MIAMI, FL	82 ST.		••			Name Street A	Ma ddress (F		JT+on er is Not Accepta			-
	•		-			24 City	65,	N.W. 8	254		Zip Cod	10
	-	: is:				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nia r	ni.		FL	2000	"
8. The above the obligat	named entit tions of regis	ity submits this statement stered agent.	for the purpo	ose of changing its	s register	ed office or	registere	ed agent, or bot	h, in the State of	Florida. I am	familiar with,	and accept
SIGNATURE .	ma	m Bust	<u> </u>							2/08	10.7	
	Signature, types	d of panted name of registered age	ent and litle if appl	icable. (NO	TE. Registere	ed Agent signate	ure required	when reinstating)		DATE		
•	Filing Fe	ee is \$61.25 May 1, 2007	ent and title if appl	9. Election Ca Trust Fund	mpaign F	inancing	·	\$5.00 May B Added to Fees	e F	Make chec lorida Depar		
10.	Filing Fe	ee is \$61.25		9. Election Ca	mpaign F	inancing tion.		\$5.00 May B Added to Fees	e FI	lorida Depai	tment of S	itate
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D JONES, 2870 NW MIAMI; FI P BURTON 2465 NW MIAMI, FI D BROWN,	De is \$61.25 May 1, 2007 OFFICERS AND I JOANN 1203 ST 1 33056 I, MARY 182 STREET 1 33147 JAMES V. 139 STREET		9. Election Ca Trust Fund	mpaign F Contribut 11. TITL NAM STRI CITY TITL NAM STRE CITY TITL NAM STRE CITY TITL NAM STRE	Financing E E E E E F F F F F F F F		\$5.00 May B Added to Fees		lorida Depai	trnent of S RECTORS IN Change	tate v 10 Addition
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of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 617, Florida Statules; 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.

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May Buston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #