

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000805

FILED
Feb 08, 2010
Secretary of State

Entity Name: FOSTER PARENT ASSOCIATION, NORTH BRANCH, INC.

Current Principal Place of Business:

P. O. BOX 680117
MIAMI, FL 33167

New Principal Place of Business:

2870 NW 208TH STREET
MIAMI GARDENS, FL 33056

Current Mailing Address:

P. O. BOX 680117
MIAMI, FL 33167

New Mailing Address:

2870 NW 208TH STREET
MIAMI GARDENS, FL 33056

FEI Number: 65-0599428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURTON, MARY
2465 NW 82 ST.
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

JENKINS, SHAMELE
1271 NW 172ND STREET
MIAMI GARDENS, FL 33169 US

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: SHAMELE JENKINS

02/08/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CSEC
Name: JONES, JOANN
Address: 2870 NW 208 ST
City-St-Zip: MIAMI, FL 33056

Title: PRES
Name: JENKINS, SHAMELE
Address: 1271 NW 172ND STREET
City-St-Zip: MIAMI GARDENS, FL 33147

Title: VP
Name: SOMERS, VALERIE
Address: 7536 NW 12TH AVENUE
City-St-Zip: MIAMI, FL 33150

Title: RS
Name: SMITH, EDYTHE
Address: 2110 NW 60TH STREET
City-St-Zip: MIAMI, FL 33142

Title: P
Name: RIVERS, ETHEL
Address: 2951 NW 174TH STREET
City-St-Zip: MIAMI GARDENS, FL 33056

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHAMELE JENKINS

PRES

02/08/2010

Electronic Signature of Signing Officer or Director

Date