

2000 UNIFORM BUSINESS REPORT (UBR)

0009305

DOCUMENT # N96000003334

1. Entity Name

TALLAHASSEE AREA FOSTER PARENTS ASSOCIATION, INC

FILED
00 MAR 10 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

PO BOX 4162
TALLAHASSEE FL 32315-4162

PO BOX 4162
TALLAHASSEE FL 32315-4162

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

59-3401802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARRARD, RUTH
3071 SHAMROCK NORTH
TALLAHASSEE FL 32308

Name

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

7000003170067--0

-03/14/00--01126--010

City

*****61.25 FL *****61.25

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	P	<input type="checkbox"/> Delete
NAME	GARRARD, RUTH	
STREET ADDRESS	3071 SHAMROCK NORTH	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HAYWARD, PHYLLIS	
STREET ADDRESS	1827 MAYFAIR RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCSWAIN, KENDALL	
STREET ADDRESS	102 SINCLAIR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACKSON, CHERYL	
STREET ADDRESS	3003 PROSPECT ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BROWN, GAITHA	
STREET ADDRESS	1502 CAMEO COURT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUPOINT, DORIS	
STREET ADDRESS	PO BOX 482	
CITY-ST-ZIP	HAVANA FL	

TITLE	Officer/Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cyndee Odom	
STREET ADDRESS	2001 Queenswood Dr.	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	Officer/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darlean Patterson	
STREET ADDRESS	802 Annawood Drive	
CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Ruth H. Garrard, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruth H. Garrard 2/16/2000

Date

Daytime Phone #

CR2E037 (9/99)