

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N96000003334**

1. Entity Name

**TALLAHASSEE AREA FOSTER PARENTS ASSOCIATION, INC**

Principal Place of Business

PO BOX 4162  
TALLAHASSEE FL 32315-4162

Mailing Address

PO BOX 4162  
TALLAHASSEE FL 32315-4162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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)

City

FL

Zip Code

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****After September 12, 2001, min. will be \$236.25**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          | VP                    | <input checked="" type="checkbox"/> Delete |
| NAME           | ODOM, CYNDEE          |  |
| STREET ADDRESS | 2001 QUEENSWOOD DRIVE |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32303  |  |

|                |                  |  |
|----------------|------------------|--|
| TITLE          | S                | <input checked="" 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          | OT                   | <input type="checkbox"/> Delete |
| NAME           | PATTERSON, DARLEAN   |                                 |
| STREET ADDRESS | 802 ANNWOOD DRIVE    |                                 |
| CITY-ST-ZIP    | TALLAHASSEE FL 32311 |                                 |

|                |                |                                 |
|----------------|----------------|---------------------------------|
| TITLE          | T              | <input type="checkbox"/> Delete |
| NAME           | DUPOINT, DORIS |                                 |
| STREET ADDRESS | PO BOX 482     |                                 |
| CITY-ST-ZIP    | HAVANA FL      |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | Trustee            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Liza Jane O'Neil   |  |
| STREET ADDRESS | 905 Conyers Street |  |
| CITY-ST-ZIP    | Havana, FL 32333   |  |

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | Secretary                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Ronda Debing             |  |
| STREET ADDRESS | 5234 Winter Valley Drive |  |
| CITY-ST-ZIP    | Tallahassee, FL 32303    |  |

|                |           |  |
|----------------|-----------|--|
| TITLE          | Secretary | <input checked="" 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          | Vice President | <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**

01 AUG -9 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)