


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N96000003334		
1. Entity Name TALLAHASSEE AREA FOSTER PARENTS ASSOCIATION, INC.		

Principal Place of Business 1414 INDIAN HEAD DR TALLAHASSEE, FL 32301	Mailing Address PO BOX 4162 TALLAHASSEE, FL 32315-4162
---	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address RD. BOX 4162 Suite, Apt. #, etc.
---	---

City & State TALLAHASSEE FL	City & State TALLAHASSEE FL
Zip 32303	Country Lebn
Zip 32303	Country Lebn

6. Name and Address of Current Registered Agent DUPOINT, LILLIE D 402 SE 4TH ST HAVANA, FL 32333	
---	--

7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>DuPont Lillie D.</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50	Make check payable to Florida Department of State
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEMENT, SONYA 10593 VALENTINE RD N TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'NEAL, LIZA JANE 905 CONYERS STREET HAVANA, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DELONG, RONDA 5234 WINTER VALLEY DRIVE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OT STONE, ALVA T 5478 PEDRICK CROSSING DR TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUPOINT, LILLIE D 402 SE 8TH ST HAVANA, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Lillie D DuPont</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>12/15/04</u> Daytime Phone #

FILED
04 DEC 15 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12152004 REIN-NP CR2E099 (6/04)

4. FEI Number 59-3401802	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

REINSTATEMENT
04
100043611341
12/23/04--01031--017 **236.25