

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90848 009 ****61.25

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
1414 Indian Head Drive
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 4162
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Tallahassee, FL
Zip
32301
Country

City & State
Tallahassee FL
Zip
32315-4162
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

**PATTERSON, DADEAN
802 ANNAWOOD DRIVE
TALLAHASSEE FL 32305**

7. Name and Address of New Registered Agent

Name
Lillie Doris Dupont
Street Address (P.O. Box Number is Not Acceptable)
402 SE 4th Street
Havana
City **Havana** FL Zip Code **32333**

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 **LILLIE DORIS DUPOINT**
Signature, typed or printed name of registered agent and title if applicable.

(President)

1-8-03
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
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 THOMPSON, LORI 8240 GREEN MONT AVE TALLAHASSEE FL 32311	<input checked="" type="checkbox"/> Delete
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	VPT DELONG, RONDA 5234 WINTER VALLEY DRIVE TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OT PATTERSON, DARLEAN 802 ANNAWOOD DRIVE TALLAHASSEE FL 32305	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUPOINT, LILLIE DORIS PO BOX 482 HAVANA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sonyia Bement 10593 Valentine Road N. Tallahassee, FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OT Alva T. Stone 5478 Pedrick Crossing Drive Tallahassee, FL 32317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lillie Doris Dupont 402 SE 4th Street Havana, FL 32333	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: **LILLIE DORIS DUPOINT**
(President)

1-8-03 (850) 589-5142

CR2E037 (10/02)