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

DOCUMENT # N9600003334

1. Entity Name



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

TALLAHASSEE AREA FOSTER PARENTS ASSOCIATION, INC						01-13-2003 90	848 009 *****	01.23	
PO BOX 4162	ce of Business E FL 32315-4162	Mailing Address PO BOX 4162 TALLAHASSEE FL 32315-41	162						
2. Principal Place of Business Heyd Drive 7. O-Box 4162									
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			Œ	CHECK HERE IF MA	KING CHANGES	S	
Talkha		Tallahassee	FL		4. FEI Number	59-3401802		Applied For Not Applicable	7
<u>ヹ゚ヵ゚゚゚゚ヹ゚゚゚゚゙ヹ゚゚゚゚゚゚゙゚゚゚ヹ゚゚゚゚゚゚゚゚ヹ゚゚゚ヹ゚゚</u>		32315-4162	Country	·		f Status Desired	Fee Requir		
	6. Name and Address of Current F	Registered Agent		· 	7. Name and A	ddress of New Registe	red Agent]
			Name	Dar'	c Du	toint			
	SON, DADEAN		Street .	Address (P.		is Not Acceptable)			1
802 ANN	403) SE	4th Sta	20-					
TALLAHA	ASSEE FL 32305		Link.	· 0	• • • •	•			
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8. The above	e named entity submits this statement for	the purpose of changing its	registered office	or registere	d agent, or both	in the State of Florida.	l am familiar with	and accept	
-	tions of registered agent.						•		
* -	TITE NEEDS NOW	no nine	Di	1,)	1	<i>-</i>		
SIGNATURE	LILLIY DURIS DU		1783	<u>iqevj</u>	<i>J. :</i>		0_03		
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	E: Registered Agent signa	ature required w	hen reinstating)	D	ATE		
		1							7
	FILE NOW: FEE IS \$61.25	9. Election Can Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Added to Fees		heck Payable partment of		
		Trust Fund C	Contribution.	□ , —	Added to Fees	Florida De	partment of	State	
10.	OFFICERS AND DIRECTOR	Trust Fund C	Contribution.	□ , —	Added to Fees		partment of	State	
	OFFICERS AND DIRE	Trust Fund C	11.	□ , —	Added to Fees	Florida De	partment of	State	(20/0
10. TITLE	OFFICERS AND DIRECT THOMPSON, LORI	Trust Fund C	11. TITLE NAME	□ , —	Added to Fees DOITIONS/CHAP VG Berne	Florida De	partment of	State	(10/05)
10. TITLE NAME	OFFICERS AND DIRE ST THOMPSON, LORI 8240 GREEN MONT AVE	Trust Fund C	11.	Son 1059	Added to Fees DOITIONS/CHAP YA Berne 3 Valent	Florida De	partment of	State	037 (10/02)
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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: LIFTIGNOTO DE OTRA FA O. Dupoint

1-8-03 (840) 529-5542