# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 29, 2004 8:00 am**
**Secretary of State**
03-29-2004 90086 049 ****61.25

DOCUMENT # N96000003532

1. Entity Name
FLORIDA STATE FOSTER/ADOPTIVE PARENT ASSOCIATION, INC

| Principal Place of Business | Mailing Address |
|---|---|
| 949 CAMP AVE<br>MOUNT DORA, FL 32757 | P.O. BOX 34<br>MOUNT DORA, FL 32756 |

02232004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 9120 Derby Acres Lane | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Jacksonville FL | City & State |
| Zip: 32220 Country: USA | Zip Country |

4. FEI Number 59-3401538 ☐ 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 |
|---|---|
| STEVENS, LARRY<br>949 CAMP AVE<br>PO BOX 34<br>MOUNT DORA, FL 32757 | Name: Adinolfi, Arlyn<br>Street Address (P.O. Box Number is Not Acceptable): 900 the Rialto<br>City: Venice FL Zip Code: 34285 |

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: Arlyn Adinolfi Arlyn Adinolfi DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2004**

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 | D<br>STEVENS, SUZANNE R<br>1333 EAST THIRD AVENUE<br>MOUNT DORA, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Quarrels, Stella<br>9120 Derby Acres Lane<br>Jacksonville, FL 32220 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROBB, SHARON<br>2376 NOVUS ST.<br>SARASOTA, FL 34237 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Petkovich, Trudy<br>21731 SW 97th CT.<br>Miami, FL. 32224 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>JOHNSON, GWEN<br>1402 THE 12TH FAIRWAY<br>WELLINGTON, FL 33414 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Adinolfi, Arlyn<br>900 the Rialto<br>Venice FL 34285 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>DAY, LINDA<br>13955 SE 53RD TERRACE<br>SUMMERFIELD, FL 32691 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | R Sec.<br>Bechler, Michele<br>P.O Box 660793<br>Miami Springs, FL 33266 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILSON, DELORES DEE<br>4481 WILDERNESS LN. N.<br>JACKSONVILLE, FL 32258 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C Sec.<br>Harris, Bettie<br>10485 SW 170 Terr<br>Miami, FL 33157 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** Arlyn Adinolfi Arlyn Adinolfi 3/19/04 941-488-2036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #