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

Mailing Address

3. Mailing Address

MOUNT DORA FL 32757

P.O. BOX 34

DOCUMENT # N9600003532

1. Entity Name

949 CAMP AVE

MT DORA FL 32726

Principal Place of Business

2. Principal Place of Business

FLORIDA STATE FOSTER PARENT ASSOCIATION, INC.



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90010 009 ****70.00

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Suite, Apt.										
		Sui	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
		Cit	ity & State			4. FEI Number 59-3401538				Applied For Not Applicabl
Zip	Country	Zip	· · · · · · · · · · · · · · · · · · ·	Country		5. Certificate of	Status Desired		\$8.75 Ac	ditional
	6. Name and Address of	Current Registere	d Agent	-1		7. Name and A	ddress of New		•	
		<u> </u>		Nami	e	***************************************		r riegioterea z	gent	
STEVENS, LARRY 949 CAMP AVE PO BOX 34			Street Address (P.O. Box Number is Not Acceptable)							
						-				
MOUNT D	ORA FL 32757			City				FL	Zip Cod	de
8. The above named entity submits this statement for the purpose of changing its re										
<u>.</u> Â	Signature, typed or printed name of register the signature.		9. Election Ca	TE: Registered Agent sig mpaign Financing Contribution.		\$5.00 May Be Added to Fees		DATE Iake Check rida Depart		
0.	OFFICERS A	AND DIRECTORS		11.		ADDITIONS (CLIAN	ICES TO OFFIC	CEDS AND DID	ECTORS II	VI 10
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12. 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.