

2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000001384

Entity Name: MARION COUNTY FOSTER PARENTS ASSOCIATION, INC.**Current Principal Place of Business:**3530 EAST FORT KING STREET
OCALA, FL 34470**Current Mailing Address:**3530 EAST FORT KING STREET
OCALA, FL 34470 US**FEI Number:** 38-3796080**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARRISON, SELENA
3530 EAST FORT KING STREET
OCALA, FL 34470 US*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.***SIGNATURE:** SELENA GARRISON

11/10/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GARRISON, SELENA
Address 3530 EAST FORT KING STREET
City-State-Zip: Ocala FL 34470

Title TREASURER
Name MONROE, CODY
Address 3530 EAST FORT KING STREET
City-State-Zip: Ocala FL 34470

Title SECRETARY
Name SNIPES, JEANEE
Address 3530 EAST FORT KING STREET
City-State-Zip: Ocala FL 34470

Title PUBLICITY
Name HILL, AMY
Address 3530 EAST FORT KING STREET
City-State-Zip: Ocala FL 34470

Title VP
Name MERRICK, SHAWN
Address 3530 EAST FORT KING STREET
City-State-Zip: Ocala FL 34470

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CODY MONROE**TREASURER**

11/10/2021

Electronic Signature of Signing Officer/Director Detail

Date