

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000046

FILED  
May 08, 2009  
Secretary of State

**Entity Name:** FOUNDATION FOR FOSTER CHILDREN, INC.

**Current Principal Place of Business:**

645 CLAYTON STREET  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

645 CLAYTON STREET  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 26-1682601      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COGGROVE, LAURA  
2807 EDGEWATER DRIVE  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CARLTON, MICHELLE  
Address: 1143 PRESERVE POINT DRIVE  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: KIRKPATRICK, CATHERINE  
Address: 2807 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete  
Name: LEE, LARA  
Address: 2807 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete  
Name: COSGROVE, LAURA  
Address: 370 WATERFALL LANE  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHELLE BUCKLEY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MGR

05/08/2009

\_\_\_\_\_  
Date