FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 8:55

DOCUMENT # N03442 (3)

1. Corporation Name
FOSTER CARE ADVISORY SERVICES, INC.

Principal Place of Business	Mailing Address
2295 VICTORIA AVE STE 103 FT. MYERS FL 33901-3817 US	2295 VICTORIA AVE STE 103 FT. MYERS FL 33901-3817 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1984
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-2479246 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCLEAN, BETTE
2295 VICTORIA AVENUE
SUITE 103
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	MCLEAN, BETTE	1.2 NAME		
STREET ADDRESS	2421 HUNTER TERRACE	1.3 STREET ADDRESS	886 North Entrada Drive	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	BOLAND, MICHAEL	2.2 NAME		
STREET ADDRESS	1210 WESTFIELD DRIVE	2.3 STREET ADDRESS	1486 Cumberland Court	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	SMITH, MARY LYNN	3.2 NAME		
STREET ADDRESS	3715 MCKINLEY	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE	S	4.1 TITLE		☒ Change ☐ Addition
NAME	BROWN, NANCY	4.2 NAME		
STREET ADDRESS	1338 WALES DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE	T	5.1 TITLE		☒ Change ☐ Addition
NAME	TROWBRIDGE, PATRICIA	5.2 NAME		
STREET ADDRESS	8336 PITTSBURG BLVD.	5.3 STREET ADDRESS	8344 Aloha Road	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	RITROSKY, JOHN DR.	6.2 NAME		
STREET ADDRESS	9350 CAMELOT DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	6.4 CITY-ST-ZIP	Fort Myers, FL 33919	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy Brown Nancy Brown, Secretary 01/13/95 813/330-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0015768