

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03442

FILED  
Mar 22, 2009  
Secretary of State

Entity Name: FOSTER CARE ADVISORY SERVICES, INC.

## Current Principal Place of Business:

8384 VILLARE COURT  
FT MYERS, FL 33919 US

## New Principal Place of Business:

20150 KEOLA LANE  
N FT MYERS, FL 33917 US

## Current Mailing Address:

8384 VILLARE COURT  
FT MYERS, FL 33919 US

## New Mailing Address:

20150 KEOLA LANE  
N FT MYERS, FL 33917 US

FEI Number: 59-2479246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, CHARLES  
4165 EAST RIVER DRIVE  
FORT MYERS, FL 33916 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: GEZZAR, RENNA  
Address: 1820 WHITECA CIRCLE  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: S ( ) Delete  
Name: SALVESEN, PEGGY  
Address: 8384 VILLARE COURT  
City-St-Zip: FORT MYERS, FL 33919

Title: VD ( ) Delete  
Name: BLASUCCI, BERNADINE  
Address: 4155 E. RIVER DR  
City-St-Zip: FORT MYERS, FL 33916

Title: D ( ) Delete  
Name: BROWN, NANCY  
Address: 1336 WALES DRIVE  
City-St-Zip: FORT MYERS, FL 33901

Title: TD ( ) Delete  
Name: PAIGHT, NINA  
Address: 20150 KEOLA LN  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: PD ( ) Delete  
Name: JOHNSON, CHARLES  
Address: 4165 EAST RIVER DRIVE  
City-St-Zip: FORT MYERS, FL 33916

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GEZZAR, RENNA  
Address: 1820 WHITECAP CIRCLE  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D (X) Change ( ) Addition  
Name: SALVESEN, PEGGY  
Address: 8384 VILLARE COURT  
City-St-Zip: FORT MYERS, FL 33919

Title: VD/S (X) Change ( ) Addition  
Name: BLASUCCI, BERNADINE  
Address: 4155 E. RIVER DR  
City-St-Zip: FORT MYERS, FL 33916

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: NINA PAIGHT

TD

03/22/2009

Electronic Signature of Signing Officer or Director

Date