

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000000046

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

**FILED**  
**Feb 27, 2014**  
**Secretary of State**  
**CC7189980795**

**Current Principal Place of Business:**

2265 LEE ROAD  
SUITE 203  
WINTER PARK, FL 32789

**Current Mailing Address:**

2265 LEE ROAD  
SUITE 203  
WINTER PARK, FL 32789 US

**FEI Number: 26-1682601**

**Certificate of Status Desired: No**

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

COSGROVE, LAURA  
2807 EDGEWATER DRIVE  
ORLANDO, FL 32804 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title OFFICER  
Name CARLTON, MICHELLE  
Address 1143 PRESERVE POINT DRIVE  
City-State-Zip: WINTER PARK FL 32789

Title PRESIDENT  
Name COSGROVE, LAURA  
Address 370 WATERFALL LANE  
City-State-Zip: WINTER PARK FL 32789

Title O  
Name LEE, AMY  
Address 2265 LEE ROAD  
SUITE 203  
City-State-Zip: WINTER PARK FL 32789

Title T  
Name CARLINE, KELLY  
Address 1000 UNIVERSTAL STUDIOS PLAZA  
City-State-Zip: ORLANDO FL 32819

Title VP  
Name BRENNER, ALANA  
Address 1330 RADCLYFFE ROAD  
City-State-Zip: ORLANDO FL 32804

Title D  
Name MILLER, MEGAN  
Address 2265 LEE ROAD  
SUITE 203  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name WILSON, EVELYN  
Address 2265 LEE ROAD  
SUITE 203  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name LEE, LARA  
Address 2265 LEE ROAD  
SUITE 203  
City-State-Zip: WINTER PARK FL 32789

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*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: LAURA COSGROVE**

**PRESIDENT**

**02/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ASHBY, KATE  
Address 2265 LEE ROAD  
SUITE 203  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name HOWARD, DON  
Address 2265 LEE ROAD  
SUITE 203  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name HOSTETTER, SANDY  
Address 2265 LEE ROAD  
SUITE 203  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name CURTIS, SUSAN  
Address 2265 LEE ROAD  
SUITE 203  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name REYNOLDS, MAGGIE  
Address 2265 LEE ROAD  
SUITE 203  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name PICCOLO, RON  
Address 2265 LEE ROAD  
SUITE 203  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name SMALL, SHANA  
Address 2265 LEE ROAD  
SUITE 203  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name PATE, ANDREA  
Address 2265 LEE ROAD  
SUITE 203  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name TATE, JOSE  
Address 2265 LEE ROAD  
SUITE 203  
City-State-Zip: WINTER PARK FL 32789