

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32190

Entity Name: FOSTER CARE REVIEW, INC.**Current Principal Place of Business:**155 NW 3RD STREET
SUITE 4338
MIAMI, FL 33128**Current Mailing Address:**155 NW 3RD ST.
SUITE 4338
MIAMI, FL 33128 US**FEI Number:** 65-0118944**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MAZE, CANDICE L
155 NW 3RD STREET
SUITE 4338
MIAMI, FL 33128 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:** CANDICE L MAZE

01/06/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name MAZE, CANDICE L
Address 155 NW 3RD STREET
SUITE 4338
City-State-Zip: MIAMI FL 33128

Title IMMEDIATE PAST PRESIDENT
Name WEBER, MICHELLE
Address 1450 BRICKELL AVE
23RD FL
City-State-Zip: MIAMI FL 33131

Title TREASURER
Name HUTCHINS, CHRISTOPHER
Address 8520 SW 86TH COURT
City-State-Zip: MIAMI FL 33143

Title PRESIDENT
Name GORDON, AARON
Address 1101 BRICKELL AVENUE, SUITE 1402
NORTH TOWER
City-State-Zip: MIAMI FL 33131

Title SECRETARY
Name BEHLMAN, RUTH
Address 11 ISLAND AVE. APT. 1201
City-State-Zip: MIAMI BEACH FL 33139

Title VP
Name GROSS, JENNIFER
Address 550 S DIXIE HWY
City-State-Zip: CORAL GABLES FL 33146

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: CANDICE L. MAZE**CHIEF EXECUTIVE
OFFICER**

01/06/2025

Electronic Signature of Signing Officer/Director Detail

Date