یہ د	PI FA	SE READ A	ALL INSTI	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.	
APPLA F	CATION OR WE ATEMEN		FLORIDA	DEPARTMEN Katherine Ha Secretary of S	IT OF STATE rris tate		FILED ETARY OF STATE NOF CORPORATIONS	
DOCUMENT # N0000000233 P.O. 6						01 DEC 26 PM 4:32		
1. Corporation N	lame			TA		0.0,	20 20 711 4 02	
FOSTER /	ANGELS,	NC.) r 1	32314			
Principal Place o	f Business		Mailing Addre	ss				112 (1888 11188 113) (8 6)
1390 ROSEBORO CT DELTONA FL 32725			1390 ROSEBORO CT DELTONA FL 32725			10-21-01 60002 015 \$120100		
						10-21-6		\$ 67-00
2. New Principal	Office Address, I		ugh incorrect information and enter correction bel 3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 01/12/2000		
Suite, Apt. #, etc.			Suite, Apt. #, 6	etc.		5. FEI Number		Applied For
City & State			City & State					Not Applicable
Zip	Countr	/	Zip	Countr	y ` · - · .			dditional Fee required Certificate of Status
7. Names and S	treet Addresses of	f Each Officer and/o	or Director (Flori	da nonprofit corpora	ations must list at lea	ast 3 directors)		
Title(s) Name of Officers and/or Directors 3				Of	Street Address of Each Officer and/or Director		City / State / Zip	
DPC Stevie Barbour				1390	Rosebor	o Ct	Deltonaf	132725
D#Ceo	DONA	ld BM	bow	1390	Rosebo	ro Ct	DeltoNA	FL 32725
DV	Steve	N Barb	oun	547	G KeW A	Aven Dr	Deltown	PLBOURS
		-					W.	1/1/2
	0. Name and A	Idana of Cumant F	tenistand Ass			Q Name and A	ddress of New Registered Ager	<u></u>
Name and Address of Current Registered Agent Name						o. Hamouna		(5
						P.O. Box Number is Not Acceptable)		
1390 ROSE		_ ~~~			Suite, Apt. #, Etc			
					City		State Z	ip Code
							FL	
10. I, being apportunity Signature of Registered Agen	Ja		alibe	ration, am familiar w	ith and accept the o	bligations of Sections	Date	,200/_
this reinstate owed by the	ment application, corporation have	the reason for disso been paid and the n	lution has been o ames of individu	eliminated, the corpo	orate name satisfies m do not qualify for	the requirements an exemption und	oter 607 or 617, F.S. I further cert of section 607.0401 or 617.0401, er section 119.07(3)(i), F.S. The i	F.S., that all fees

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nec 11, 2001 Date 1386 789 8183

Attn: Sean Toner - Dept. of State.

I was not aware there was a filing fee for non-profit corporations. I did not receive a notice to this effect. In attempting to pay on-line I authorized incorrect funds to be paid out. I called the office and spoke with someone who explained how to take care of the filing fee. I am enclosing the necessary form. I have made total payments of \$195.00. Please accept my remittance of a \$61.25 filing fee and refund the balance of \$133.75.

Sincerely

Stevie Barbour

(386) 789-0671

Stevie@fosterangels.org

10/10/01 Checking at Washington Mutual Bank

VISAFL UBR FILING

61529727 cleared -125.00

10/10/01 Checking at Washington Mutual Bank

VISAFL UBR FILING

61529727 cleared - 70.00

TOTAL 1/1/01 - 12/8/01

Rejected Filing FOSTER ANGELS, INC.

1390 ROSEBORO COURT DELTONA FL 32725

Document Number W01000023870

State

Filed Date

Expire At

Time Period

Penalty Fee

NONE

10/15/2001

Usual Time

days

0.00

Associated Document

Number

Document Type

Submitted By STEVIE BARBOUR

Rejected Filing FOSTER ANGELS, INC 1390 ROSEBORO COÚRT DELTONA FL 32725

Document Number W01000023345

State NONE Filed Date 10/09/2001

Expire At Usual Time

Time Period days

Penalty Fee 0.00

Associated Document Number

Document Type

Submitted By STEVIE BARBOUR

Florida Non Profit FOSTER ANGELS, INC.

> MAILING ADDRESS 1390 ROSEBORO CT **DELTONA FL 32725**

Document Number N00000000233

FEI Number NONE

Date Filed 01/12/2000

State FL

Status INACTIVE **Effective Date** NONE

Last Event ADMIN DISSOLUTION FOR ANNUAL REPORT **Event Date Filed** 09/21/2001

Event Effective Date NONE