

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006555

FILED
Jan 14, 2005
Secretary of State

Entity Name: LEE'S FOSTER HOME, INC.

Current Principal Place of Business:

9020 NW 12TH COURT
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

9020 NW 12TH COURT
MIAMI, FL 33147

New Mailing Address:

FEI Number: 65-1044146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENITA LEE, MARVA
9020 NW 12TH COURT
MIAMI, FL 33147 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: PD () Delete
Name: MITHCELL, SADIE
Address: 3867 SW 167TH AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: SD () Delete
Name: NELSON, PAULA
Address: 1031 NW 101ST STREET
City-St-Zip: MIAMI, FL 33150

Title: TD () Delete
Name: SHINE, MARIE
Address: 778 NW 45TH STREET
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: SMITH, PERCY
Address: 3370 NW 188TH STREET
City-St-Zip: CAROL CITY, FL 33056

Title: D () Delete
Name: MURPHY, WINIFRED
Address: 6171 SW 2ND DRIVE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D () Delete
Name: JACKSON, ESSENCE
Address: 2909 NW 55TH STREET
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 for the exemption stated in Section 119.07(3)(i), 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: SADIE MITCHELL

PD

01/14/2005

Electronic Signature of Signing Officer or Director

Date