

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007467

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** THE SYLVIA THOMAS CENTER FOR ADOPTIVE AND FOSTER FAMILIES, INC.

**Current Principal Place of Business:**

716 SOUTH OAKWOOD AVE  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 488  
MANGO, FL 33550

**New Mailing Address:**

**FEI Number:** 59-3680366

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUMMER, VICTORIA L  
5090 OAKLAWN LANE  
ST. PETERSBURG, FL 33708 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: DIR ( ) Delete  
Name: WALKER, RENEE  
Address: PO BOX 488  
City-St-Zip: MANGO, FL 33550

Title: SEC ( ) Delete  
Name: ERICKSON, CHRIS  
Address: PO BOX 488  
City-St-Zip: MANGO, FL 33550

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: RENEÉ S. WALKER

E.D.

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date