

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000009024

FILED
Jan 05, 2005
Secretary of State

Entity Name: HOW BOUT' A HUG FOR FOSTER KIDS FOUNDATION, INC.

Current Principal Place of Business:

5623 DARLOW AVENUE
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

5623 DARLOW AVENUE
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 59-3634483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COATES, IONA
5623 DARLOW AVENUE
JACKSONVILLE, FL 32277 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: D () Delete
Name: NASCA, SANDRA
Address: 299 S ROSCOE BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: SHAUGHNESSY, ALICE
Address: 4341 BLUE HERON DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: MOORE, SARA
Address: 2309 FOXHAVEN DR
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: COATES, IONA
Address: 5623 DARLOW AVE
City-St-Zip: JACKSONVILLE, FL 32277

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:

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: IONA K. COATES

TREA

01/05/2005

Electronic Signature of Signing Officer or Director

Date