

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 05, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000009024



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

Principal Place of Business  
5623 DARLOW AVENUE  
JACKSONVILLE, FL 32277

Mailing Address  
5623 DARLOW AVENUE  
JACKSONVILLE, FL 32277



01032006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3634483

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COATES, IONA  
5623 DARLOW AVENUE  
JACKSONVILLE, FL 32277

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME NASCA, SANDRA  
STREET ADDRESS 299 S ROSCOE BLVD  
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE D  
NAME SHAUGHNESSY, ALICE  
STREET ADDRESS 4341 BLUE HERON DR  
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE D  
NAME MOORE, SARA  
STREET ADDRESS 2309 FOXHAVEN DR  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE D  
NAME COATES, IONA  
STREET ADDRESS 5623 DARLOW AVE  
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000378399  
01/09/06-80004-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Iona Coates

131-6

904-745-0903