

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 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**



02102007 No Chg-NP

CR2E037 (4/06)

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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	

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02/26/07-80013-011 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:

Sandra K. Gates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07

Date

904-662-6215

Daytime Phone #