

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03442

**FILED**  
**Feb 04, 2004**  
**Secretary of State****Entity Name:** FOSTER CARE ADVISORY SERVICES, INC.**Current Principal Place of Business:**8384 VILLARE COURT  
FT MYERS, FL 33919 US**New Principal Place of Business:****Current Mailing Address:**8384 VILLARE COURT  
FT MYERS, FL 33919 US**New Mailing Address:****FEI Number:** 59-2479246**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MARION VALE  
4502 ECHO CT.  
LABELLE, FL 33935**Name and Address of New Registered Agent:**SALVESEN, PEGGY G  
8384 VILLARE CT.  
FORT MYERS, FL 33919

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: PEGGY G. SALVESEN

02/04/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VALE, MARIAN  
Address: 4502 ECHO CT.  
City-St-Zip: LABELLE, FL 33935

Title: S ( ) Delete  
Name: SALVESEN, PEGGY  
Address: 8384 VILLARE COURT  
City-St-Zip: FORT MYERS, FL 33919

Title: T ( ) Delete  
Name: MAIER, LISA  
Address: 53 FRED AVE SOUTH  
City-St-Zip: LEHIGH ACRES, FL 33917

Title: D ( ) Delete  
Name: BROWN, NANCY  
Address: 1336 WALES DRIVE  
City-St-Zip: FORT MYERS, FL 33901

Title: D ( ) Delete  
Name: STEWART, MARSHA  
Address: PO BOX 9391  
City-St-Zip: FT MYERS, FL 33902

Title: D ( ) Delete  
Name: JOHNSON, CHARLES  
Address: 1912 WINKLER AVE  
City-St-Zip: FORT MYERS, FL 33901

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

Title: D (X) Change ( ) Addition  
Name: HULL, MARION  
Address: 4502 ECHO CT.  
City-St-Zip: LABELLE, FL 33935

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

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

Title: D (X) Change ( ) Addition  
Name: BROWN, NANCY  
Address: 1336 WALES DRIVE  
City-St-Zip: FORT MYERS, FL 33901

Title: P (X) Change ( ) Addition  
Name: PAIGHT, NINA  
Address: 20150 KEOLA LN  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D (X) Change ( ) Addition  
Name: JOHNSON, CHARLES  
Address: 4165 EAST RIVER DRIVE  
City-St-Zip: FORT MYERS, FL 33916

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: PEGGY

S

02/04/2004

Electronic Signature of Signing Officer or Director

Date