

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # N03442

1. Entity Name
FOSTER CARE ADVISORY SERVICES, INC.



Principal Place of Business
**8384 VILLARE COURT
FT MYERS, FL 33919 US**

Mailing Address
**8384 VILLARE COURT
FT MYERS, FL 33919 US**



03222005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2479246

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SALVESEN, PEGGY G
8384 VILLARE CT.
FORT MYERS, FL 33919**

**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 retreating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000292708
04/07/05-80082-006 70.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HULL, MARION
STREET ADDRESS	4502 ECHO CT.
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	S
NAME	SALVESEN, PEGGY
STREET ADDRESS	8384 VILLARE COURT
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	T
NAME	MAIER, LISA
STREET ADDRESS	53 FRED AVE SOUTH
CITY-ST-ZIP	LEHIGH ACRES, FL 33917
TITLE	D
NAME	BROWN, NANCY
STREET ADDRESS	1336 WALES DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	P
NAME	PAIGHT, NINA
STREET ADDRESS	20150 KEOLA LN
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	D
NAME	JOHNSON, CHARLES
STREET ADDRESS	4165 EAST RIVER DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33916

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Charles B. Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05
Date

239-939-1338
Daytime Phone #