

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90018 028 \*\*\*\*65.00

**DOCUMENT # N03442**

1. Entity Name

FOSTER CARE ADVISORY SERVICES, INC.



Principal Place of Business

8384 VILLAIRE COURT  
FT MYERS FL 33919  
US

Mailing Address

8384 VILLAIRE COURT  
FT MYERS FL 33919  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2479246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SALVESEN, PEGGY G  
8384 VILLAIRE CT.  
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME HULL, MARION  
STREET ADDRESS 4502 ECHO CT.  
CITY-ST-ZIP LABELLE FL 33935

TITLE ☐ Delete  
NAME SALVESEN, PEGGY  
STREET ADDRESS 8384 VILLAIRE COURT  
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☒ Delete  
NAME MAIER, LISA  
STREET ADDRESS 53 FRED AVE SOUTH  
CITY-ST-ZIP LEHIGH ACRES FL 33917

TITLE ☐ Delete  
NAME BROWN, NANCY  
STREET ADDRESS 1336 WALES DRIVE  
CITY-ST-ZIP FORT MYERS FL 33901

TITLE ☐ Delete  
NAME PAIGHT, NINA  
STREET ADDRESS 20150 KEOLA LN  
CITY-ST-ZIP NORTH FORT MYERS FL 33917

TITLE ☐ Delete  
NAME JOHNSON, CHARLES  
STREET ADDRESS 4165 EAST RIVER DRIVE  
CITY-ST-ZIP FORT MYERS FL 33916

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME *V/D*  
STREET ADDRESS *BELOW THE BRASSI*  
CITY-ST-ZIP *4155 E. RIVER DR.*  
*FT. MYERS, FL 33916*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME *P/D*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME *P/D*  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Charles B. Johnson* CHARLES B. JOHNSON, PRES. *4/24/06* *236-959-1358*