

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03442

FILED
Apr 23, 2010
Secretary of State

Entity Name: FOSTER CARE ADVISORY SERVICES, INC.

Current Principal Place of Business:

20150 KEOLA LANE
N FT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

20150 KEOLA LANE
N FT MYERS, FL 33917 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:

JOHNSON, CHARLES
4165 EAST RIVER DRIVE
FORT MYERS, FL 33916 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: GEZZAR, RENNA
Address: 1820 WHITECAP CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D
Name: SALVESEN, PEGGY
Address: 8384 VILLAIRES COURT
City-St-Zip: FORT MYERS, FL 33919

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

Title: TD
Name: PAIGHT, NINA
Address: 20150 KEOLA LN
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: PD
Name: JOHNSON, CHARLES
Address: 4165 EAST RIVER DRIVE
City-St-Zip: FORT MYERS, FL 33916

I hereby 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 all other like empowered.

SIGNATURE: NINA PAIGHT

TD

04/23/2010

Electronic Signature of Signing Officer or Director

Date