

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03442

FILED
Jan 13, 2011
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:

4165 EAST RIVER DR.
FORT MYERS, FL 33916 US

Current Mailing Address:

20150 KEOLA LANE
N FT MYERS, FL 33917 US

New Mailing Address:

4165 EAST RIVER DR.
FORT MYERS, FL 33916 US

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: MINELLA, DOMNICK
Address: 4851 SHADY RIVER LANE
City-St-Zip: FORT MYERS, FL 33905

Title: D
Name: MINELLA, FRANCES
Address: 4851 SHADY RIVER LANE
City-St-Zip: FORT MYERS, FL 33905

Title: TD
Name: RHOADES, FRANK
Address: 6930 JULIE ANN CT
City-St-Zip: FORT MYERS, FL 33919

Title: D
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: FRANK RHOADES

TD

01/13/2011

Electronic Signature of Signing Officer or Director

Date