2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N04000004474

Entity Name: FOSTERING FUTURES OF FLORIDA INCORPORATED

Current Principal Place of Business:

855 SOUTH WICKHAM ROAD
WEST MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

855 SOUTH WICKHAM ROAD
WEST MELBOURNE, FL 32904

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, LISA ANN
855 S. WICKHAM RD.
W. MELBOURNE, FL 32904 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: MRS. ( ) Delete
Name: EDWARDS, LISA A PRES
Address: 855 S. WICKHAM RD
City-St-Zip: W. MELBOURNE, FL 32904

Title: V ( ) Delete
Name: IVISON, JOSEPH R VICE P
Address: 234 SEAVIEW ST
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: T ( ) Delete
Name: WALSH, JOHNNIE J TREAS
Address: 3913 S. HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: S ( ) Delete
Name: WALSH, JOHNNIE J SEC
Address: 3913 N. HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LISA EDWARDS PRES 04/14/2009

Electronic Signature of Signing Officer or Director — Date