


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000005945 1. Entity Name FOSTERING HOPE FLORIDA, INC.	
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Principal Place of Business 600 BYPASS DRIVE, SUITE 203 CLEARWATER, FL 33764	Mailing Address POST OFFICE BOX 1632 CLEARWATER, FL 33757
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DO NOT WRITE IN THIS SPACE



01202006 No Chg-NP CR2E037 (11/05)

4. FEI Number 14-1910661	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOLE, PATRICIA 600 BYPASS DRIVE, SUITE 203 CLEARWATER, FL 33764
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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEST-LAWSON, GLORIA 5337 RAY DRIVE WEEKI WACHEE, FL 34607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WILLIAMS, THERESA 5522 MAGNOLIA WAY NEW PORT RICHEY, FL 34652
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U00000497180
04/22/06-80039-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gloria West-Lawson GLORIA WEST-LAWSON 4/5/6 (707) 688 532