

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005945

FILED
Mar 27, 2008
Secretary of State

Entity Name: FOSTERING HOPE FLORIDA, INC.

Current Principal Place of Business:

600 BYPASS DRIVE, SUITE 203
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1632
CLEARWATER, FL 33757

New Mailing Address:

FEI Number: 14-1910661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLE, PATRICIA
600 BYPASS DRIVE, SUITE 203
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

HOLE, PATRICIA RA/SEC
600 BYPASS DRIVE, SUITE 203
CLEARWATER, FL 33764 US

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: PATRICIA A. HOLE

03/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEST-LAWSON, GLORIA
Address: 5337 RAY DRIVE
City-St-Zip: WEEKI WACHEE, FL 34607

Title: V () Delete
Name: THOMSON, MARION
Address: 600 BYPASS DR #203
City-St-Zip: CLEARWATER, FL 33764

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WEST-LAWSON, GLORIA A PRES
Address: 5337 RAY DRIVE
City-St-Zip: WEEKI WACHEE, FL 34607 US

Title: V (X) Change () Addition
Name: VAN ZYL, BEVERLY VP
Address: 4429 GLENBROOK DR
City-St-Zip: PALM HARBOR, FL 34683 US

Title: T () Change (X) Addition
Name: WELSHIMER, KAREN TREAS
Address: 5221 SKYLAND DR
City-St-Zip: HOLIDAY, FL 34690 US

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: GLORIA WEST-LAWSON

PRES

03/27/2008

Electronic Signature of Signing Officer or Director

Date