

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005945

FILED
Mar 24, 2009
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:

600 BYPASS DRIVE
#216
CLEARWATER, FL 33764 US

Current Mailing Address:

POST OFFICE BOX 1632
CLEARWATER, FL 33757

New Mailing Address:

POST OFFICE BOX 1632
CLEARWATER, FL 33757 US

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

Name and Address of New Registered Agent:

HOLE, PATRICIA RA/SEC
600 BYPASS DRIVE
#216
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:

Electronic Signature of Registered Agent

03/24/2009

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: DORMAN, AMANDA VP
Address: 205 MORGAN CT
City-St-Zip: PALM HARBOR, FL 34684 US

Title: T (X) Change () Addition
Name: PEARCE, ROBIN TREAS
Address: 1231 BASS BLVD
City-St-Zip: DUNEDIN, FL 34698 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

03/24/2009

Electronic Signature of Signing Officer or Director

Date