2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# N05000009700

Entity Name: FOSTERING YOUR FAMILIES FUTURE INC.

Current Principal Place of Business:

4144 NW 152ND ST
REDDICK, FL 32686

New Principal Place of Business:

Current Mailing Address:

PO BOX 2
REDDICK, FL 32686

New Mailing Address:

FEI Number: 22-3915974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAW, KIM R
4144 NW 152ND ST
REDDICK, FL 32686 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: PRES ( ) Delete
Name: LAW, KIM R
Address: 4144 NW 152ND ST
City-St-Zip: REDDICK, FL 32686

Title: VP ( ) Delete
Name: LAW, ROBERT R JR.
Address: PO BOX 184
City-St-Zip: REDDICK, FL 32686

Title: SEC ( ) Delete
Name: CAMPBELL, DINEASE
Address: 10640 NW 190TH ST
City-St-Zip: MICANOPY, FL 32667

Title: TRES ( ) Delete
Name: ALEXANDER, JONNIE
Address: 18650 NE 75TH ST
City-St-Zip: WILLISTON, FL 32696

Title: MGR ( ) Delete
Name: SHIELDS, DAWN
Address: PO BOX 556
City-St-Zip: FAIRFIELD, FL 32634

Title: VMGR ( ) Delete
Name: COOPER, DONALD
Address: PO BOX 58
City-St-Zip: REDDICK, FL 32686

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:

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 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: KIM LAW PRES 07/03/2006
Electronic Signature of Signing Officer or Director — Date