2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009700

FILED Jul 03, 2008 Secretary of State

Entity Name: FOSTERING YOUR FAMILIES FUTURE INC.

Current Pr	rincipal Place of Business:	New Principal Place	of Business:
4144 NW 1 REDDICK,		15292 NW 41 TR REDDICK, FL 32686	
Current Mailing Address:		New Mailing Address:	
PO BOX 2 REDDICK,	FL 32686		
	22-3915974 FEI Number Applied For () FEI N ce with s. 607.193(2)(b), F.S., the corporation did not receive	lumber Not Applicable () e the prior notice.	Certificate of Status Desired (X)
Name and	Address of Current Registered Agent:	Name and Address o	f New Registered Agent:
LAW, KIM I 4144 NW 1 REDDICK,	I52ND ST	LAW, KIM R 4144 NW 152 ST REDDICK, FL 32686	US
	named entity submits this statement for the purpose of Florida.	e of changing its registere	d office or registered agent, or both,
SIGNATUF	RE: KIM LAW		07/03/2008
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () Delete LAW, KIM R 4144 NW 152ND ST REDDICK, FL 32686	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () Delete LAW, ROBERT R JR. PO BOX 184 REDDICK, FL 32686	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SEC () Delete CAMPBELL, DINEASE 10640 NW 190TH ST MICANOPY, FL 32667	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	TRES () Delete BLAKELY, DARCE R 7338 HWY 2301 PANAMA CITY, FL 32404	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () Delete SHIELDS, DAWN PO BOX 556 FAIRFIELD, FL 32634	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VMGR () Delete COOPER, DONALD PO BOX 58 REDDICK, FL 32686	Title: Name: Address: City-St-Zip:	() Change () Addition

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: KIM LAW PRES 07/03/2008