

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005622

FILED  
Mar 20, 2012  
Secretary of State

**Entity Name:** FOREVER FAMILIES HOME STUDY AGENCY, INC.

**Current Principal Place of Business:**

5635 BEAR STONE RUN  
OVIEDO, FL 32765

**New Principal Place of Business:**

1035 S SEMORAN  
SUITE 1047  
WINTER PARK, FL 32792

**Current Mailing Address:**

PO BOX 1195  
GOLDENROD, FL 327331195

**New Mailing Address:**

**FEI Number:** 35-2226134

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOGAN, MARGOT  
5635 BEAR STONE RUN  
OVIEDO, FL 32765 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: D  
Name: LOGAN, MARGOT  
Address: 5635 BEAR STONE RUN  
City-St-Zip: OVIEDO, FL 32765

Title: SEC  
Name: AUSTIN, TAMMY  
Address: 1025 S SEMORAN, SUITE 1093  
City-St-Zip: WINTER PARK, FL 32792

Title: TREA  
Name: KUNITSUGU, JENNIFER  
Address: 3855 HAMMONDS FERRY CT.,  
City-St-Zip: OVIEDO, FL 32766

Title: MEMB  
Name: FELIX-THOMAS, TRACEY  
Address: 5137 MYSTIC COVE PT  
City-St-Zip: ORLANDO, FL 32812 US

Title: MEMB  
Name: JOHNSON, CHERIE  
Address: 2593 PONKAN SUMMIT DRIVE  
City-St-Zip: APOPKA, FL 32712 US

I hereby 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 all other like empowered.

SIGNATURE: MARGOT LOGAN, LCSW

EX D

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date