2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002720

FILED Jan 14, 2008 Secretary of State

Entity Name: FOSTER & ADOPTIVE FAMILY CONNECTION, INC.

Current Principal Place of Business: New Principal Place of Business: 10991 SW 58TH COURT COOPER CITY, FL 33328 **Current Mailing Address: New Mailing Address:** 10991 SW 58TH COURT COOPER CITY, FL 33328 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DENMAN, JAMES B 1995 E OAKLAND PARK BLVD STE 105 FT LAUDERDALE, FL 33306 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 Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BARNES, REBEKAH Name: Name: 827 S STATE RD 7 Address: Address: City-St-Zip: N LAUDERDALE, FL 33068 City-St-Zip: Title: Title: () Delete () Change () Addition ELSWICK, JON Name: Name: Address: 300 SW 97TH AVE Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: Title: () Delete Title: () Change () Addition MARTIN, WILLIAM L Name: Name: 10991 SW 58TH CT Address: Address: City-St-Zip: **DAVIE. FL 33328** City-St-Zip: Title: () Delete Title: () Change () Addition Name: MARTIN, LISA C Name: Address: 10991 SW 58TH CT Address: City-St-Zip: **DAVIE, FL 33328** City-St-Zip: Title: () Delete Title: (X) Change () Addition WARNER, KATHERINE HOFFMANN, LISA Name: Name: 1400 W COMMERCIAL BLVD - 2ND FLOOR 17355 SW 8TH ST Address: Address: PEMBROKE PINES, FL 33029 City-St-Zip: FT LAUDERDALE, FL 33309 City-St-Zip: Title: () Delete Title: () Change (X) Addition WETHERILL, STANLEY Name: Name: Address: Address: 1980 NW 188 AVE PEMBROKE PINES, FL 33029 City-St-Zip: City-St-Zip:

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: WILLIAM L. MARTIN PRES 01/14/2008