

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006955

FILED
Feb 21, 2008
Secretary of State

Entity Name: FOSTER FAMILIES OF AMERICA, INC.

Current Principal Place of Business:

644 N FERDON BLVD
CRESTVIEW, FL 32536

New Principal Place of Business:

113 NORTH MAIN STREET
CRESTVIEW, FL 32536

Current Mailing Address:

644 N FERDON BLVD
CRESTVIEW, FL 32536

New Mailing Address:

PO BOX 628
C/O TOTAL BUSINESS SOLUTIONS
CRESTVIEW, FL 32536

FEI Number: 26-0401975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, WANDA
644 N FERDON BLVD
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

JONES, WANDA
644 NORTH FERDON BVLVD
CRESTVIEW, FL 32536 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: WANDA JONES

02/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, WANDA
Address: 5256 KEMP RD
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: GILMORE, GARY
Address: 1908 WADSWORTH RD
City-St-Zip: BAKER, FL 32531

Title: D () Delete
Name: JONES, DALTON
Address: 5256 KEMP RD
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: GILMORE, CYNTHIA
Address: 1908 WADSWORTH RD
City-St-Zip: BAKER, FL 32531

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JONES, WANDA
Address: 5256 KEMP RD
City-St-Zip: CRESTVIEW, FL 32539

Title: VP (X) Change () Addition
Name: JONES, DALTON
Address: 5256 KEMP RD
City-St-Zip: CRESTVIEW, FL 32539

Title: S (X) Change () Addition
Name: MERRIFIELD, BRANDY
Address: 1518 CATMAR DRIVE
City-St-Zip: NICEVILLE, FL 32567

Title: D (X) Change () Addition
Name: MERRIFIELD, MIKE
Address: 1518 CATMAR DRIVE
City-St-Zip: NICEVILLE, FL 32567

Title: D () Change (X) Addition
Name: LAWSON, CARRIE
Address: 132 KIPLING DRIE
City-St-Zip: CRESTVIEW, FL 32539

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: WANDA JONES

P

02/21/2008

Electronic Signature of Signing Officer or Director

Date