

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006955

FILED
Apr 13, 2009
Secretary of State

Entity Name: FOSTER FAMILIES OF AMERICA, INC.

Current Principal Place of Business:

113 NORTH MAIN STREET
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 NORTH FERDON BVLD
CRESTVIEW, FL 32536 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: P () Delete
Name: JONES, WANDA
Address: 5256 KEMP RD
City-St-Zip: CRESTVIEW, FL 32539

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: S (X) Change () Addition
Name: BARTLETT, BRUCE
Address: 430 MARA DRIVE
City-St-Zip: CRESTVIEW, FL 32536 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: FA () Change (X) Addition
Name: LINDSAY, JOSEPH
Address: 2403 HALFMOON LANE
City-St-Zip: CRESTVIEW, FL 32539 US

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

04/13/2009

Electronic Signature of Signing Officer or Director

Date