

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006955

FILED  
Apr 28, 2010  
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  
Name: JONES, WANDA  
Address: 5256 KEMP RD  
City-St-Zip: CRESTVIEW, FL 32539

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

Title: D  
Name: ELLIS, KATHY  
Address: 6188 WILKERSON DRIVW  
City-St-Zip: CRESTVIEW, FL 32539

Title: S  
Name: BARTLETT, BRUCE  
Address: 430 MARA DRIVE  
City-St-Zip: CRESTVIEW, FL 32536 US

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

Title: D  
Name: HALL, AMIARH  
Address: 5256 B KEMP RD  
City-St-Zip: CRESTVIEW, FL 32539 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: WANDA JONES

P

04/28/2010

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

\_\_\_\_\_  
Date