

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007067

FILED
Apr 15, 2009
Secretary of State

Entity Name: JACK FOSTER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

4202 WATER OAKS LANE
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

4202 WATER OAKS LANE
TAMPA, FL 33618

New Mailing Address:

FEI Number: 65-1312231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YADLEY, GREGORY C
101 EAST KENNEDY BLVD STE 2800
TAMPA, FL 33602 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 () Delete
Name: FOSTER, JOHN P
Address: 4202 WATER OAKS LANE
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: FOSTER, PATRICIA A
Address: 45 COBBLESTONE DRIVE
City-St-Zip: PAOLI, PA 19301

Title: D () Delete
Name: FOSTER, CHRISTOPHER
Address: 104 ANDREA LAN
City-St-Zip: SPRING CITY, PA 19447

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
Name:
Address:
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: JOHN P. FOSTER

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date