

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009132

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** CHANTEL FOSTER CARE HOME INC.

**Current Principal Place of Business:**

9 EAST 11TH STREET  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

9 EAST 11TH STREET  
APOPKA, FL 32703

**New Mailing Address:**

**FEI Number:** 45-0555825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRESTON, CHANTEL  
7818 HAWK CREST LANE  
ORLANDO, FL 32818 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:** PRESTON, CHANTEL  
**Address:** 7818 HAWK CREST LANE  
**City-St-Zip:** ORLADO, FL 32818

**Title:** T  
**Name:** HAMPTON, LORETHA  
**Address:** 1306 SOUTH HGIGHLAND AVE  
**City-St-Zip:** APOPKA, FL 32703

**Title:** S  
**Name:** JEFFERSON, DELINA  
**Address:** 1564 PARK AVE  
**City-St-Zip:** APOPKA, FL 32703

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:** CHANTEL PRESTON

P

01/31/2011

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

\_\_\_\_\_  
Date