

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006259

FILED  
Mar 16, 2011  
Secretary of State

**Entity Name:** FOSTERCARE & ADOPTION COMMUNITY SOLUTIONS INC.

**Current Principal Place of Business:**

7480 FAIRWAY DRIVE  
SUITE #205  
MIAMI LAKES, FL 33014 US

**New Principal Place of Business:**

6600 TAFT STREET  
SUITE #305  
HOLLYWOOD, FL 33024 US

**Current Mailing Address:**

6600 TAFT ST., STE 305  
HOLLYWOOD, FL 33024 US

**New Mailing Address:**

6600 TAFT STREET  
SUITE #305  
HOLLYWOOD, FL 33024 US

**FEI Number:** 27-0504763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FLORIDA ASSOCIATION OF NONPROFIT ORGANIZAT  
7480 FAIRWAY DRIVE  
SUITE #205  
MIAMI LAKES, FL 33014 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:** CEO  
**Name:** GORDON, ROSA  
**Address:** 7524 ROOSEVELT STREET  
**City-St-Zip:** HOLLYWOOD, FL 33024 US

**Title:** D  
**Name:** SPERLING, ELIZABETH  
**Address:** 1900 N. BAYSHORE DRIVE, #4103  
**City-St-Zip:** MIAMI, FL 33132 US

**Title:** D  
**Name:** QUIRINDONGO, ROCIO  
**Address:** 7650 NW 7TH STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33024 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:** ROSA GORDON

CEO

03/16/2011

Electronic Signature of Signing Officer or Director

Date