2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# N10000009350

Entity Name: FAMILY ALTERNATIVE SERVICES FOUNDATION, INC

Current Principal Place of Business:

4001 W. DR MLK BLVD
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

4001 W. DR MLK BLVD
TAMPA, FL 33614 US

New Mailing Address:

FEI Number: 27-3535847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, KATHY
4001 W. DR MLK BLVD
TAMPA, FL 33614 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: SIFONTES, VIVIAM
Address: 4001 W. DR. MLK BLVD.
City-St-Zip: TAMPA, FL 33614

Title: VP
Name: SANDOVAL, JACKIE
Address: 4001 W. DR. MLK BLVD
City-St-Zip: TAMPA, FL 33614

Title: S
Name: PINTO, JUAN
Address: 4001 W. DR. MLK BLVD
City-St-Zip: TAMPA, FL 33614

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: VIVIAM SIFONTES P 02/18/2011

Electronic Signature of Signing Officer or Director Date