

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000396

FILED
Feb 05, 2007
Secretary of State

Entity Name: CITIZEN'S FOSTER CARE REVIEW BOARD, INC.

Current Principal Place of Business:

3301 TAMIAMI TRAIL EAST
BUILDING L
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

3301 TAMIAMI TRAIL EAST
BUILDING L
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: 65-0370453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROOS, JUDY
3301 TAMIAMI TRAIL E.
BLDG. L
NAPLES, FL 34112 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: TP () Delete
Name: GONZALES, RAQUEL
Address: 168 PEBBLE SHORES DR. #203
City-St-Zip: NAPLES, FL 34110

Title: VPD () Delete
Name: FERGUSON, EDWARD
Address: 215 SILVERADO DR.
City-St-Zip: NAPLES, FL 34119

Title: S () Delete
Name: WILTRUD, WEST
Address: 376 3RD ST. S, #204
City-St-Zip: NAPLES, FL 34102

Title: PD () Delete
Name: GROOS, RUSSELL W
Address: 711 ST. ANDREWS BLVD.
City-St-Zip: NAPLES, FL 34113

Title: DR () Delete
Name: GREIDER, CHRISTINE
Address: 3301 E. TAMIAMI TR., ADM. BLDG. 6TH FL
City-St-Zip: NAPLES, FL 34112

Title: DR () Delete
Name: LEIB-HUNTER, KATHRYN
Address: 5020 TAMIAMI TR. N. #106
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: GONZALES, RAQUEL
Address: 168 PEBBLE SHORES DR. #203
City-St-Zip: NAPLES, FL 34110

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

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

Title: PD (X) Change () Addition
Name: KIESELHORST, FRANCES
Address: 283 ALBI ROAD #3
City-St-Zip: NAPLES, FL 34112

Title: DR (X) Change () Addition
Name: GROOS, RUSSELL W
Address: 711 ST. ANDREWS BLVD.
City-St-Zip: NAPLES, FL 34113

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

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANCES KIESELHORST

PD

02/05/2007

Electronic Signature of Signing Officer or Director

_____ Date