## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N92000000396

FILED Jan 08, 2010 Secretary of State

Date

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

**New Principal Place of Business: Current Principal Place of Business:** 

3301 TAMIAMI TRAIL EAST **BUILDING L** NAPLES, FL 34112

**Current Mailing Address: New Mailing Address:** 

3301 TAMIAMI TRAIL EAST 3301 TAMIAMI TRAIL EAST **BUILDING L** BUILDING L NAPLES, FL 34112 NAPLES, FL 34112

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

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

GROOS, JUDY 3301 TAMIAMI TRL. E. BLDG. L NAPLES, FL 34112 US

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

**OFFICERS AND DIRECTORS:** 

GONZALES, RAQUEL Name:

Address: 168 PEBBLE SHORES DR. #203

City-St-Zip: NAPLES, FL 34110

Title:

Name: FERGUSON, EDWARD Address: 215 SILVERADO DR. City-St-Zip: NAPLES, FL 34119

Title:

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

Title: PD

Name: KIESELHORST, FRANCES Address: 283 ALBI ROAD #3 City-St-Zip: NAPLES, FL 34112

Title: DR

GROOS, RUSSELL W Name: 711 ST. ANDREWS BLVD. Address: City-St-Zip: NAPLES, FL 34113

Title:

BROUSSEAU, TED Name: Address: 1450 JEWEL BOX AVE NAPLES, FL 34102 City-St-Zip:

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: FRANCES KIESELHORST PD 01/08/2010