03011999-90040-048-$61.25-$61.25

FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

98 MAR 25 AM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

004726

DOCUMENT # N98000002915

1. Corporation Name

THE FOSTER FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
1201 GEORGE BUSH BLVD. DELRAY BEACH FL 33483	1201 GEORGE BUSH BLVD. DELRAY BEACH FL 33483

[redacted]

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/21/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27	4. FEI Number 65-0849492 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHAPIN, ROBERT D 1201 GEORGE BUSH BLVD. DELRAY BEACH FL 33483	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FOSTER, BENJAMIN		1.2 NAME		
STREET ADDRESS	102 WEST TARPON LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33477		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HUTCHINSON, PATRICIA F		2.2 NAME		
STREET ADDRESS	3 STANDISH DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	RIDGEFIELD CT 06877		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	PRESIDENT	☐ Change ☑ Addition
NAME	JACKSON, VIRGINIA F		3.2 NAME		
STREET ADDRESS	476 SYLVANIA DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRIDGEVILLE PA 15017		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	SECY, TREAS	☑ Change ☑ Addition
NAME	FOSTER, W B		4.2 NAME	FOSTER, W.B.	
STREET ADDRESS	1430 DRESHERTOWN ROAD		4.3 STREET ADDRESS	1430 DRESHERTOWN RD	
CITY-ST-ZIP	DRESHER PA 19024		4.4 CITY-ST-ZIP	DRESHER, PA 19025	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DE MARCO, DEBORAH F		5.2 NAME		
STREET ADDRESS	29 ELIOT STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	SHERBORN MA 01770		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	SCHMERGE, JUDITH F		6.2 NAME	Schmerge, Judith F.	
STREET ADDRESS	245 WING MILL ROAD		6.3 STREET ADDRESS	9670 Huntridge Drive	
CITY-ST-ZIP	ATLANTA GA 30350		6.4 CITY-ST-ZIP	Roswell, GA 30025	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Secy-Treas 1/26/99 215 641-9378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)