

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000002915**

1. Entity Name

THE FOSTER FAMILY FOUNDATION, INC.**FILED**
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90102 015 ****61.25

Principal Place of Business

1201 GEORGE BUSH BLVD.
DELRAY BEACH FL 33483

Mailing Address

1201 GEORGE BUSH BLVD.
DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0849492

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**CHAPIN, ROBERT D
1201 GEORGE BUSH BLVD.
DELRAY BEACH FL 33483**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	FOSTER, BENJAMIN R	
STREET ADDRESS	88 SHAKKEE RD	
CITY-ST-ZIP	HARVARD MA 01451	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HUTCHINSON, PATRICIA F	
STREET ADDRESS	3 STANDISH DRIVE	
CITY-ST-ZIP	RIDGEFIELD CT 06877	
TITLE	DP	<input type="checkbox"/> Delete
NAME	JACKSON, VIRGINIA F	
STREET ADDRESS	476 SYLVANIA DRIVE	
CITY-ST-ZIP	MCMURRAY PA 15317	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOSTER, MARY R	
STREET ADDRESS	1430 DRESHERTOWN ROAD	
CITY-ST-ZIP	DRESHER PA 19025	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DE MARCO, DEBORAH F	
STREET ADDRESS	131 FARM STREET	
CITY-ST-ZIP	DOVER MA 02030	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMERGE, JUDITH F	
STREET ADDRESS	4670 HUNTRIDGE DR.	
CITY-ST-ZIP	ROSWELL GA 30075	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Hutchinson, Patricia F.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19 PROSPECT RIDGE #50	
STREET ADDRESS	RIDGEFIELD, CT 06877	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Foster, Mary R	
STREET ADDRESS	264 Chatham Way	
CITY-ST-ZIP	Westchester, PA 19380	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Virginia F. Jackson 1/19/02 724-941-3199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)