2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State
04-29-2004 90318 004 ****61.25

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04232004 Chg-NP CR2E037 (10/03)

DOCUMENT # N98000002915

1. Entity 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

2. Principal Place of Business	3. Mailing Address
131 Farm Street	131 Farm Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Dover, MA	Dover, MA
Zip: 02030 Country: USA	Zip: 02030 Country: USA

4. FEI Number: 65-0849492 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHAPIN, ROBERT D 1201 GEORGE BUSH BLVD. DELRAY BEACH, FL 33483	Name: Benjamin Foster Street Address (P.O. Box Number is Not Acceptable): 110 East Tarpon Lane City: Jupiter FL Zip Code: 33477

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Benj R Foster 5-16-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOSTER, BENJAMIN R 88 SHAKEE RD HARVARD, MA 01451	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Foster, Benjamin R 110 East Tarpon Lane Jupiter, FL 33477	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HUTCHINSON, PATRICIA F 19 PROSPECT RIDGE 58 RIDGEFIELD, CT 06877	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Benj R Foster	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP JACKSON, VIRGINIA F 476 SYLVANIA DRIVE MCMURRAY, PA 15317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jackson, Virginia F. 476 Sylvania Drive McMurray, PA 15317	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOSTER, MARY R 264 CHATAM WAY WEST CHESTER, PA 19380	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Foster, Mary R. 264 Chatam Way West Chester, PA 19380	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DE MARCO, DEBORAH F 131 FARM STREET DOVER, MA 02030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP De Marco, Deborah F. 131 Farm St. Dover, MA 02030	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHMERGE, JUDITH F 4670 HUNTRIDGE DR. ROSWELL, GA 30075	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Schmerge, Judith F 3752 Rock Ivy Trail Roswell, GA 30075	☒ Change ☐ Addition

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: Deborah DeMarco 4/27/04 5087851952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #