

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # N9800002915**

1. Entity Name

THE FOSTER FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

131 FARM ST.  
DOVER MA 02030

131 FARM ST.  
DOVER MA 02030



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State

City & State

4. FEI Number

65-0849492

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FOSTER, BENJAMIN  
110 E TARPON LANE  
JUPITER FL 33477

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

SIGNATURE

*Benjamin Foster*

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

(NOTE: Registered Agent signature required when registering)

DATE

1-26-07

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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       | <input type="checkbox"/> Delete |
|-------|------------------------|----------------------|-----------------------|---------------------------------|
| D     | FOSTER, BENJAMIN R     | 110 E TARPON LANE    | JUPITER FL 33477      | <input type="checkbox"/>        |
| DT    | HUTCHINSON, PATRICIA F | 19 PROSPECT RIDGE 58 | RIDGEFIELD CT 06877   | <input type="checkbox"/>        |
| D     | JACKSON, VIRGINIA F    | 476 SYLVANIA DRIVE   | MCMURRAY PA 15317     | <input type="checkbox"/>        |
| DS    | FOSTER, MARY R         | 264 CHATAM WAY       | WEST CHESTER PA 19380 | <input type="checkbox"/>        |
| DP    | DE MARCO, DEBORAH F    | 131 FARM STREET      | DOVER MA 02030        | <input type="checkbox"/>        |
| D     | SCHMERGE, JUDITH F     | 3752 ROCK IVY TRL.   | ROSWELL GA 30075      | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP                          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|--|---------------------------------|-----------------------------------|
|       |      |                | 000000604717<br>01/30/07-80008-004 61.25 | <input type="checkbox"/>        | <input type="checkbox"/>          |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Dorcas E. Pedraza*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #