


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

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

<b>DOCUMENT # N98000002915</b> 1. Entity Name <b>THE FOSTER FAMILY FOUNDATION, INC.</b>					
Principal Place of Business <b>131 FARM ST. DOVER MA 02030</b>			Mailing Address <b>131 FARM ST. DOVER MA 02030</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0849492</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>FOSTER, BENJAMIN 110 E TARPON LANE JUPITER FL 33477</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE <u><i>Benjamin Foster</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>1-26-07</u> <small>(NOTE: Registered Agent signature required when restoring)</small>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FOSTER, BENJAMIN R 110 E TARPON LANE JUPITER FL 33477	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000604717 01/30/07-80008-004 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT HUTCHINSON, PATRICIA F 19 PROSPECT RIDGE 58 RIDGEFIELD CT 06877	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JACKSON, VIRGINIA F 476 SYLVANIA DRIVE MCMURRAY PA 15317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS FOSTER, MARY R 264 CHATAM WAY WEST CHESTER PA 19380	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP DE MARCO, DEBORAH F 131 FARM STREET DOVER MA 02030	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SCHMERGE, JUDITH F 3752 ROCK IVY TRL. ROSWELL GA 30075	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Benjamin F. Foster*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR