2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N98000002915

Entity Name: THE FOSTER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

131 FARM ST.
DOVER, MA 02030

New Principal Place of Business:

Current Mailing Address:

131 FARM ST.
DOVER, MA 02030

New Mailing Address:

FEI Number: 65-0849492 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, BENJAMIN
110 E TARPON LANE
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	FOSTER, BENJAMIN R	
Address:	110 E TARPON LANE	
City-St-Zip:	JUPITER, FL 33477	
Title:	DT	( ) Delete
Name:	HUTCHINSON, PATRICIA F	
Address:	19 PROSPECT RIDGE 58	
City-St-Zip:	RIDGEFIELD, CT 06877	
Title:	D	( ) Delete
Name:	JACKSON, VIRGINIA F	
Address:	476 SYLVANIA DRIVE	
City-St-Zip:	MCMURRAY, PA 15317	
Title:	DS	( ) Delete
Name:	FOSTER, MARY R	
Address:	264 CHATAM WAY	
City-St-Zip:	WEST CHESTER, PA 19380	
Title:	DP	( ) Delete
Name:	DE MARCO, DEBORAH F	
Address:	131 FARM STREET	
City-St-Zip:	DOVER, MA 02030	
Title:	D	( ) Delete
Name:	SCHMERGE, JUDITH F	
Address:	3752 ROCK IVY TRL.	
City-St-Zip:	ROSWELL, GA 30075	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH DEMARCO DP 01/08/2009

Electronic Signature of Signing Officer or Director — Date