

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001104

FILED
Jul 05, 2007
Secretary of State

Entity Name: THE FOSTER CARE COUNCIL OF S.W. FLORIDA, INC.

Current Principal Place of Business:

5051 CASTELLO DR.
21
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

5051 CASTELLO DR.
21
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-3598933 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

APPELBAUM, STANLEY
3622 WOODLAKE DRIVE S.W.
BONITA SPRINGS, FL 34134 US

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: DP () Delete
Name: APPELBAUM, STANLEY
Address: 3622 WOODLAKE DRIVE S.W.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DT () Delete
Name: SCHULTZEL, LESLIE JOHN
Address: 210 - 11TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 33940

Title: DS () Delete
Name: SPROAT, VICKI L
Address: 1715 MONROE STREET
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: APPELBAUM, CATHY
Address: 3622 WOODLAKE DRIVE SW
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: WEST, WILLIE
Address: 376 3RD STREET S. #204
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: CARROLL, CHARLES
Address: 5753 DRUMMOND WAY
City-St-Zip: NAPLES, FL 34119

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: JENNIFER WEIDENBRUCH

ED

07/05/2007

Electronic Signature of Signing Officer or Director

Date