

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001104

FILED  
Jan 11, 2010  
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 ( )**

**Name and Address of Current Registered Agent:**

WEIDENBRUCH, JENNIFER  
THE FOSTER CARE COUNCIL OF S.W. FLORIDA  
5051 CASTELLO DRIVE, 21  
NAPLES, FL 34103 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: DP  
Name: CAMPBELL, JD  
Address: PO BOX 413005  
City-St-Zip: NAPLES, FL 34101

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

Title: DS  
Name: CARROLL, CHARLES  
Address: 5753 DRUMMOND WAY  
City-St-Zip: NAPLES, FL 34119

Title: D  
Name: APPELBAUM, STAN  
Address: 3622 WOODLAKE DRIVE SW  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D  
Name: WEIDENBRUCH, JENNIFER  
Address: 747 MYRTLE TERRACE  
City-St-Zip: NAPLES, FL 34103

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER WEIDENBRUCH

D

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date