

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006794

FILED  
Aug 08, 2012  
Secretary of State

**Entity Name:** ESCAMBIA COUNTY FOSTER ADOPTIVE PARENT ASSOCIATION INC

**Current Principal Place of Business:**

250 W BURGESS ROAD  
PENSACOLA, FL 32526

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 17931  
PENSACOLA, FL 32522

**New Mailing Address:**

P.O. BOX 10495  
PENSACOLA, FL 32524

FEI Number: 20-5692361

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VINSON, PATRICIA P  
8244 EXCELSIOR DRIVE  
PENSACOLA, FL 32514 US

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

WISE, SYLVIA D  
121 MYRTLEWOOD DR.  
PENSACOLA, FL 32503 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: SYLVIA D. WISE

08/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WISE, SYLVIA D  
Address: 121 MYRTLEWOOD DRIVE  
City-St-Zip: PENSACOLA, FL 32503

Title: DIR  
Name: PALOMINO, EJOHN  
Address: P.O. BOX 10495  
City-St-Zip: PENSACOLA, FL 32524

Title: DIR  
Name: STONE, ALICIA  
Address: 2629 YOUNGWOOD LANE  
City-St-Zip: CANTONMENT, FL 32533

Title: DIR  
Name: WATERS, GERALD C  
Address: 9948 PARKER LAKE CIRCLE  
City-St-Zip: NAVARRE, FL 32566

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: SYLVIA D. WISE

PRES

08/08/2012

Electronic Signature of Signing Officer or Director

Date