

N96000003532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

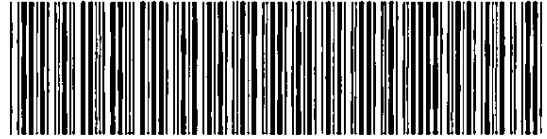
(Business Entity Name)

(Document Number)

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cf 12/9/2023

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida State Foster Adoptive Parent Association Inc

(Name of Corporation)

DOCUMENT NUMBER: N96000003532

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Paul Vernon

(Name of Person)

Florida State Foster Adoptive Parent Association Inc

(Name of Firm/Company)

545 Wildwood Parkway

(Address)

Cape Coral, FL 33904

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Vernon at (²³⁹) ⁸²²⁻⁴²²⁰

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

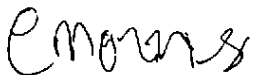
Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Christina Morris, hereby resign as Secretary
(Title)

of Florida State Foster Adoptive Parent Association Inc
(Name of Corporation)

N9600003532, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314