

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006716

**FILED**  
**Feb 01, 2016**  
**Secretary of State**  
**CC9988368333**

**Entity Name:** FLORIDA KEYS FOSTER ADOPTIVE PARENT ASSOCIATION, INC.

**Current Principal Place of Business:**

133 THIRD LANE  
KEY LARGO, FL 33037

**Current Mailing Address:**

P.O. BOX 1861  
KEY LARGO, FL 33037

**FEI Number:** 20-0141609

**Certificate of Status Desired:** No

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

BROOKE, BARBARA  
133 THIRD LN  
KEY LARGO, FL 33037 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:** BARBARA BROOKE

02/01/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DELOSSANTOS, LISA  
Address 1033 GIBRALTOR RD  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name PUENTE, RICHARD  
Address 1024 THOMAS ST  
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR  
Name HOLLY, ESTES  
Address 2128 PALM BEACH RD  
City-State-Zip: BIG PINE KEY FL 33043

*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:** LISA DELOSSANTOS

DIRECTOR

02/01/2016

Electronic Signature of Signing Officer/Director Detail

Date