

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000003475

**FILED**  
**Apr 15, 2022**  
**Secretary of State**  
**3263651488CC**

**Entity Name:** GREATER ST. JOHNS COUNTY FOSTER ADOPTIVE PARENTS, INC.

**Current Principal Place of Business:**

1236 MATENGO CIRCLE  
ST. JOHNS, FL 32259

**Current Mailing Address:**

1236 MATENGO CIRCLE  
ST. JOHNS, FL 32259 US

**FEI Number: 45-4993397**

**Certificate of Status Desired: No**

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

MAYO-CORREAL, KIMBERLY IRENE  
1236 MATENGO CIRCLE  
ST. JOHNS, FL 32259 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:** KIMBERLY I MAYO-CORREAL

04/15/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MAYO-CORREAL, KIMBERLY IRENE  
Address        1236 MATENGO CIRCLE  
City-State-Zip: ST. JOHNS FL 32259

Title            VP  
Name            COLLINGS, OLIVIA  
Address        129 AFTON LANE  
City-State-Zip: ST. JOHNS FL 32259

Title            TREA  
Name            MCLEOD, STEPHANIE  
Address        1236 MATENGO CIRCLE  
City-State-Zip: ST. JOHNS FL 32259

Title            SECR  
Name            KING, LAUREN  
Address        2077 W LYMINGTON WAY  
City-State-Zip: ST. AUGUSTINE FL 32084

*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:** KIMBERLY I MAYO-CORREAL

**PRESIDENT**

04/15/2022

Electronic Signature of Signing Officer/Director Detail

Date