

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000003475

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

**FILED**  
**Jan 27, 2017**  
**Secretary of State**  
**CC3489457057**

**Current Principal Place of Business:**

115 HERON ROAD  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

115 HERON ROAD  
ST. AUGUSTINE, FL 32086 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

WILLIAMS, JUDY  
115 HERON ROAD  
ST. AUGUSTINE, FL 32086 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name           WILLIAMS, JUDY  
Address        115 HERON ROAD  
City-State-Zip: ST. AUGUSTINE FL 32086

Title            VP  
Name           GARDNER, GAYLE  
Address        5105 PORTER ROAD  
City-State-Zip: ST. AUGUSTINE FL 32095

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

Title            SECR  
Name           MAHON, COREY  
Address        217 S. VELLAGIO DR.  
City-State-Zip: ST. AUGUSTINE FL 32092

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 MAYO-CORREAL**

**TREASURER**

**01/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date