

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000010228

**Entity Name:** FAMILY EVER AFTER ADOPTIONS, INC

**Current Principal Place of Business:**

10151 DEERWOOD PARK BLVD, BLDG 200 STE 250  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

10151 DEERWOOD PARK BLVD, BLDG 200 STE 250  
JACKSONVILLE, FL 32256 UN

**FEI Number:** 87-2561756

**Certificate of Status Desired:** Yes

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

RAMOS, JAMIE N  
14219 BIG SPRING ST  
JACKSONVILLE, FL 32258 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           DIRECTOR  
Name           SUMNER, KRISTA W  
Address        10151 DEERWOOD PARK BLVD  
                  BLDG 200 STE 250  
City-State-Zip: JACKSONVILLE FL 32256

Title           DIRECTOR  
Name           RAMOS, JAMIE N  
Address        10151 DEERWOOD PARK BLVD  
                  BLDG 200 STE 250  
City-State-Zip: JACKSONVILLE FL 32256

Title           DIRECTOR  
Name           GRACE, JOHN  
Address        10151 DEERWOOD PARK BLVD  
                  BLDG 200 STE 250  
City-State-Zip: JACKSONVILLE FL 32256

*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:** JAMIE N RAMOS

**DIRECTOR**

**02/05/2024**

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

\_\_\_\_\_  
Date