

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

DOCUMENT# N21000010228

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

**Current Principal Place of Business:**

14219 BIG SPRING ST  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

14219 BIG SPRING ST  
JACKSONVILLE, FL 32258 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 D  
Name RAMOS, JAMIE N  
Address 14219 BIG SPRING ST  
City-State-Zip: JACKSONVILLE FL 32258

Title D  
Name SUMNER, KRISTA W  
Address 4818 SAPPHO AVE  
City-State-Zip: JACKSONVILLE FL 32205

Title SEC  
Name RAMOS, KELVI  
Address 14219 BIG SPRING ST  
City-State-Zip: JACKSONVILLE FL 32258

Title SEC  
Name SUMNER, TINA M  
Address 4818 SAPPHO AVE  
City-State-Zip: JACKSONVILLE FL 32205

Title PRESIDENT  
Name GRACE, JOHN ESQ.  
Address 14219 BIG SPRING ST  
City-State-Zip: JACKSONVILLE 32258

*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**

**D**

**02/07/2022**

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

\_\_\_\_\_  
Date