## **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003532

Entity Name: FLORIDA STATE FOSTER/ADOPTIVE PARENT ASSOCIATION,

**INC** 

FILED Feb 21, 2013 Secretary of State CC9969521613

#### **Current Principal Place of Business:**

4100 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409

## **Current Mailing Address:**

4100 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409 US

FEI Number: 59-3401538 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

WYNN, HARRIETT EMS 70 W 58TH ST JACKSONVILLE, FL 32208 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 P Title VP

NamePETKOVICH, GERTRUDENameWALLACE, LASHAUNAddress21731 SW 97TH COURTAddress24287 SW 114TH COURT

City-State-Zip: CUTLER BAY FL 33190 City-State-Zip: MIAMIA FL 24287

Title EVP Title SECT

Name WYNN, HARRIETT E Name BYRD, CURTIS

Address 70 W. 58TH ST Address 1011 N 20TH STREET

City-State-Zip: JACKSONVILLE FL 32208 City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title TR Title RVP

NameBOND, MARIANameBLACKSHEAR, LILLIE BAddress4100 OKEECHOBEE BLVDAddress11776 TUMBLEWEED WAYCity-State-Zip:WEST PALM BEACH FL 33409City-State-Zip:JACKSONVILLE FL 32218

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: MARIA BOND TREASURER 02/21/2013