

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003532

**Entity Name:** FLORIDA STATE FOSTER/ADOPTIVE PARENT ASSOCIATION, INC

**FILED**  
**Apr 27, 2023**  
**Secretary of State**  
**4417515523CC**

**Current Principal Place of Business:**

545 WILDWOOD PARKWAY  
CAPE CORAL, FL 33904

**Current Mailing Address:**

PO BOX 261584  
TAMPA, FL 33685 US

**FEI Number: 59-3401538**

**Certificate of Status Desired: No**

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

VERNON, PAUL M  
545 WILDWOOD PARKWAY  
CAPE CORAL, FL 33904 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: PAUL VERNON**

**04/27/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           CRUCE, AMANDA  
Address        4800 NW 19TH PLACE  
City-State-Zip: GAINESVILLE FL 32605

Title           TREASURER  
Name           VERNON, PAUL M  
Address        545 WILDWOOD PARKWAY  
City-State-Zip: CAPE CORAL FL 33904

Title           EXECUTIVE VP  
Name           STIMMELL, MELANIE  
Address        PO BOX 923  
City-State-Zip: OAKLAND FL 34760

Title           EXECUTIVE VP  
Name           THOMPSON, LYNDA  
Address        3437 TARRAGON ST.  
City-State-Zip: COCOA FL 32926

Title           RVP  
Name           DAVIS, TRAVIS  
Address        1955 NW 47TH STREET  
City-State-Zip: MIAMI FL 33142

Title           RVP  
Name           MCCRACKEN, KYLIE  
Address        1032 NAPOLEON WAY  
City-State-Zip: WESLEY CHAPEL FL 33544

Title           SECRETARY  
Name           MORRIS, CHRISTINA  
Address        7015 WEST POCAHONTAS AVENUE  
City-State-Zip: TAMPA FL 33634

*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: PAUL M VERNON**

**TREASURER**

**04/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date