

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003532

FILED
Feb 29, 2016
Secretary of State
CC7921256639

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

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
1376 SHEARWATER DRIVE
JACKSONVILLE, FL 32218 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 PRESIDENT
Name WYNN, HARRIETT E
Address 1376 SHEARWATER DRIVE
City-State-Zip: JACKSONVILLE FL 32218

Title SECT
Name BYRD, DEWEY C
Address 1011 N. 20TH STREET
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title TR
Name BOND, MARIA
Address 4100 OKEECHOBEE BLVD
City-State-Zip: WEST PALM BEACH FL 33409

Title DIRECTOR OF PROGRAMS
Name AVILA, ORLANDO
Address 236 N 14TH STREET
City-State-Zip: FERNANDINA BEACH FL 32034

Title EXECUTIVE VICE PRESIDENT
Name JOHNSON, CHRISTOPHER
Address 2721 SHEAR WATER STREET
City-State-Zip: CLERMONT FL 34711

Title EXECUTIVE DIRECTOR
Name PETKOVICH, GERTRUDE
Address 21731 SW 97 CT
City-State-Zip: CUTLER BAY FL 33190

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

02/29/2016

Electronic Signature of Signing Officer/Director Detail

Date