

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003532

Entity Name: FLORIDA STATE FOSTER/ADOPTIVE PARENT ASSOCIATION, INC**FILED**
Feb 29, 2016
Secretary of State
CC7921256639**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