

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003532

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

**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**3343893466CC**

**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**

**04/30/2021**

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            RVP  
Name            GRASS, SARALYN  
Address        206B SOUTH MONROE STREET  
City-State-Zip: TALLAHASSEE FL 32301

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 VERNON**

**TREASURER**

**04/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date