

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003532

FILED
Jun 29, 2020
Secretary of State
7617470787CC

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

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

06/29/2020

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 VP
Name AVILA, ORLANDO
Address 236 N 14TH STREET
City-State-Zip: FERNANDINA BEACH FL 32034

Title EXECUTIVE VICE PRESIDENT
Name ELLIOTT-JORDAN, KARA
Address 608 ROWAN CIRCLE
City-State-Zip: CRESTVIEW FL 32536

Title RVP
Name BLACKSHEAR, LILLIE
Address 11776 TUMBLEWEED WAY
City-State-Zip: JACKSONVILLE FL 32218

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

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

Title RVP
Name ALVAREZ, DOROTHY
Address 6466 EMERALD DUNES DRIVE
 UNIT 205
City-State-Zip: WEST PALM BEACH FL 33411

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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

06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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