

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003532

FILED
Mar 03, 2018
Secretary of State
CC5527416469

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

Current Principal Place of Business:

PO BOX 970384
MIAMI, FL 33197

Current Mailing Address:

PO BOX 970384
MIAMI, FL 33197 US

FEI Number: 59-3401538

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WYNN, HARRIETT EMS
4133 BEVERLY AVENUE
JACKSONVILLE, FL 32208 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 4133 BEVERLY AVENUE
City-State-Zip: JACKSONVILLE FL 32208

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

Title TR
Name SASIAIN, DENISE
Address 1630 SW 17TH STREET
City-State-Zip: MIAMI FL 33145

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

Title RVP
Name ELLIOTT-JORDAN, KARA
Address 606 ROWAN CIRCLE
City-State-Zip: CRESTVIEW FL 32536

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

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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: DENISE BEEMAN-SASIAIN

TREASURER

03/03/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title RVP
Name WILLIAMS, AMANDA
Address 4800 NW 19 PLACE
City-State-Zip: GAINESVILLE FL 32605

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

Title RVP
Name DAVIS, TRAVIS
Address PO BOX 970384
City-State-Zip: MIAMI FL 33197

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

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