

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003532

**Entity Name:** FLORIDA STATE FOSTER/ADOPTIVE PARENT ASSOCIATION, INC**FILED**  
**Jan 20, 2014**  
**Secretary of State**  
**CC9144845030****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  
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	P
Name	PETKOVICH, GERTRUDE
Address	21731 SW 97TH COURT
City-State-Zip:	CUTLER BAY FL 33190

Title	EVP
Name	WYNN, HARRIETT E
Address	4133 BEVERLY AVENUE
City-State-Zip:	JACKSONVILLE FL 32208

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

*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****01/20/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date