

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