

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003532

**FILED**  
**Apr 27, 2024**  
**Secretary of State**  
**2252370210CC**

**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 152877  
CAPE CORAL, FL 33915 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**

**04/27/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           VERNON, PAUL M  
Address        545 WILDWOOD PARKWAY  
City-State-Zip: CAPE CORAL FL 33904

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

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

Title           SECRETARY  
Name           GARRISON, SELENA  
Address        2712 NE 24TH PLACE  
City-State-Zip: OCALA FL 34470

Title           VP  
Name           CONNIZZO, MICHELE  
Address        5623 SIMONTON STREET  
City-State-Zip: BRADENTON FL 34203

Title           BOARD MEMBER  
Name           MOUSTOPOULOS, LORA  
Address        PO BOX 2325  
City-State-Zip: PALM HARBOUR FL 34682

Title           BOARD MEMBER  
Name           PFEFFER, JERROD  
Address        4793 94TH PLACE  
City-State-Zip: LIVE OAK FL 32060

*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**

**04/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date