

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003532

**FILED**  
**Feb 19, 2015**  
**Secretary of State**  
**CC9746769154**

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

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

Title           SECT  
Name           PARKER, CHARLES  
Address        9905 121 CT  
City-State-Zip: SEMINOLE FL 33772

Title           TR  
Name           BOND, MARIA  
Address        4100 OKEECHOBEE BLVD  
City-State-Zip: WEST PALM BEACH FL 33409

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

*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**

**02/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date