

724486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

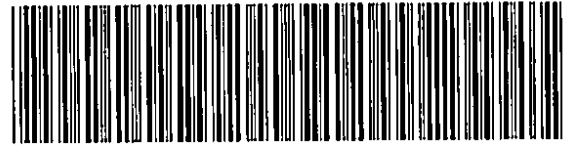
(Business Entity Name)

(Document Number)

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R. HUNT

05/17/23

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

FOSTER PARENTS ASSOCIATION OF ALACHUA COUNTY, INC  
**NAME OF CORPORATION:** \_\_\_\_\_

724486  
**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelley Jones

\_\_\_\_\_  
(Name of Contact Person)

Kelley D. Jones, P.A.

\_\_\_\_\_  
(Firm/ Company)

4110 NW 37th Place, Suite B

\_\_\_\_\_  
(Address)

Gainesville, FL 32606

\_\_\_\_\_  
(City/ State and Zip Code)

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelley Jones

352

377-2004

at

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code)

\_\_\_\_\_  
(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FOSTER PARENTS ASSOCIATION OF ALACHUA COUNTY, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

724486

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

North Florida Foster Adoptive Parents Association, Inc.

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

, Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

*Please note the officer/director title by the first letter of the office title:*

*P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

Example:

|                 |           |                    |
|-----------------|-----------|--------------------|
| <u>X</u> Change | <u>PT</u> | <u>John Doe</u>    |
| <u>X</u> Remove | <u>V</u>  | <u>Mike Jones</u>  |
| <u>X</u> Add    | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u><br>(Check One)  | <u>Title</u> | <u>Name</u> | <u>Address</u>          |
|---|--------------|-------------|-------------------------|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | _____        | _____       | _____<br>_____<br>_____ |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | _____        | _____       | _____<br>_____<br>_____ |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove     | _____        | _____       | _____<br>_____<br>_____ |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | _____        | _____       | _____<br>_____<br>_____ |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | _____        | _____       | _____<br>_____<br>_____ |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | _____        | _____       | _____<br>_____<br>_____ |

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

5/11/23

Signature



(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jerrod D. Pfeffer

(Typed or printed name of person signing)

President

(Title of person signing)

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724486

**Entity Name:** FOSTER PARENTS ASSOCIATION OF ALACHUA COUNTY, INC.

**Current Principal Place of Business:**

5950 NW 1ST PLACE  
300  
GAINESVILLE, FL 32607

**Current Mailing Address:**

5950 NW 1ST PLACE  
300  
GAINESVILLE, FL 32607 US

**FEI Number:** 23-7292630

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PFEFFER, JERROD  
5950 NW 1ST PLACE  
300  
GAINESVILLE, FL 32607 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:** JERROD PFEFFER

05/01/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            SECRETARY  
Name            LISTZWAN, LORI  
Address        14296 NW 161ST AVE  
City-State-Zip: ALACHUA FL 32615

Title            VP  
Name            LISTZWAN, LORI  
Address        14296 NW 161ST AVE  
City-State-Zip: ALACHUA FL 32615

Title            BOARD MEMBER  
Name            RON , LOCKE  
Address        8909 SW 122ND ST  
City-State-Zip: GAINESVILLE FL 32608

Title            BOARD MEMBER  
Name            CONNER, CHRISTY  
Address        14211 SW 70TH STREET  
City-State-Zip: ARCHER FL 32608

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:** JERROD PFEFFER

PRESIDENT

05/01/2023

Electronic Signature of Signing Officer/Director Detail

Date