

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2008  
Secretary of State**

DOCUMENT# N02000001441

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

**Current Principal Place of Business:**

11776 TUMBLEWEED WAY  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

11776 TUMBLEWEED WAY  
JACKSONVILLE, FL 32218

**New Mailing Address:**

**FEI Number:** 26-1445301      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BLACKSHEAR, LILLIE B  
11776 TUMBLEWEED WAY  
JACKSONVILLE, FL 32218      US

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

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

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: BLACKSHEAR, LILLIE B  
Address: 11776 TUMBLEWEED WAY  
City-St-Zip: JACKSONVILLE, FL 322268277

Title: V      ( ) Delete  
Name: BYERS, ESTELLA  
Address: 2078 BROOKLYN RD.  
City-St-Zip: JACKSONVILLE, FL 32209

Title: RS      ( ) Delete  
Name: COOPER, SHARON  
Address: 1419 PEARL STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: T      ( ) Delete  
Name: WYNN, HARRIETT  
Address: 70 WEST 58TH STREET  
City-St-Zip: JACKSONVILLE, FL 32208

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LILLIE B BLACKSHEAR

P

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date