2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
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 BLACKSHEAR P 04/14/2009

Electronic Signature of Signing Officer or Director — Date