

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001441

FILED
Jan 06, 2010
Secretary of State

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
Name: BLACKSHEAR, LILLIE B
Address: 11776 TUMBLEWEED WAY
City-St-Zip: JACKSONVILLE, FL 322268277

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

Title: RS
Name: CALIZAIRE, DORA
Address: 6731 DRAYTON ST.
City-St-Zip: JACKSONVILLE, FL 32208

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

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: LILLIE BLACKSHEAR

P

01/06/2010

Electronic Signature of Signing Officer or Director

Date