

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003532

FILED
Apr 30, 2008
Secretary of State

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

Current Principal Place of Business:

4424 MELROSE AVENUE
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

900 THE RIALTO
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-3401538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADINOLFI, ARLYN S MRS.
900 THE RIALTO
VENICE, FL 34285 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: PAGE-BAILIE, MELISA
Address: 4424 MELROSE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: RS () Delete
Name: PETKOVICH, GERTUDE
Address: 21731 SW 97TH COURT
City-St-Zip: MIAMI, FL 33190

Title: T () Delete
Name: ADINOLFI, ARLYN S
Address: 900 THE RIALTO
City-St-Zip: VENICE, FL 34285

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PENTON, MELISA
Address: 4424 MELROSE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

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

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

Title: VP () Change (X) Addition
Name: HALL, DAVID
Address: P. O. BOX 9342
City-St-Zip: PT. ST. LUCIE, FL 34985

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: ARLYN ADINOLFI

AA

04/30/2008

Electronic Signature of Signing Officer or Director

Date