

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000805

Entity Name: MIAMI DADE COUNTY FOSTER & ADOPTIVE PARENT ASSOCIATION, INC.**Current Principal Place of Business:**2870 NW 208TH STREET
MIAMI GARDENS, FL 33056**Current Mailing Address:**2870 NW 208TH STREET
MIAMI GARDENS, FL 33056**FEI Number:** 65-0599428**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JENKINS, SHAMELE
1271 NW 172ND STREET
MIAMI GARDENS, FL 33169 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CSEC
Name	JONES, JOANN
Address	2870 NW 208 ST
City-State-Zip:	MIAMI FL 33056

Title	VP
Name	HARDEMON, WILLIE
Address	20494 NW 13TH AVENUE
City-State-Zip:	MIAMI FL 33056

Title	T
Name	RIVERS, ETHEL
Address	2951 NW 174TH STREET
City-State-Zip:	MIAMI GARDENS FL 33056

Title	PRES
Name	JENKINS, SHAMELE
Address	1271 NW 172ND STREET
City-State-Zip:	MIAMI GARDENS FL 33147

Title	RS
Name	MARTE, JANERIS RS
Address	2201 N.W. 192 TERR
City-State-Zip:	MIAMI GARDENS FL 33056

Title	PAL
Name	DAVIS, TRAVIS
Address	1945 N. W. 47TH STREET
City-State-Zip:	MIAMI FL 33142

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: JOANN JONES**CORRESPONDING
SECRETARY**

02/02/2018

Electronic Signature of Signing Officer/Director Detail_____
Date