Entity Name: MIAMI DADE COUNTY FOSTER & ADOPTIVE PARENT	
ASSOCIATION, INC.	

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

2870 NW 208TH STREET MIAMI GARDENS, FL 33056

Current Mailing Address:

2870 NW 208TH STREET MIAMI GARDENS, FL 33056

DOCUMENT# N9300000805

FEI Number: 65-0599428

Name and Address of Current Registered Agent:

JENKINS, SHAMELE 1271 NW 172ND STREET MIAMI GARDENS, FL 33169 US Certificate of Status Desired: Yes

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

Officer/Director Detail :

Officer/Director Detail .					
	Title	CSEC	Title	PRES	
	Name	JONES, JOANN	Name	JENKINS, SHAMELE	
	Address	2870 NW 208 ST	Address	1271 NW 172ND STREET	
	City-State-Zip:	MIAMI FL 33056	City-State-Zip:	MIAMI GARDENS FL 33147	
	Title	VP	Title	RS	
	Name	HARDEMON, WILLIE	Name	SMITH, EDYTH	
	Address	20494 NW 13TH AVENUE	Address	21110 N. W. 60TH STREET	
	City-State-Zip:	MIAMI FL 33056	City-State-Zip:	MIAMI FL 33142	
	Title	т	Title	PAL	
	Name	RIVERS, ETHEL	Name	DAVIS, TRAVIS	
	Address	2951 NW 174TH STREET	Address	1945 N. W. 47TH STREET	
	City-State-Zip:	MIAMI GARDENS FL 33056	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: SHAMELE JENKINS

PRESIDENT

03/19/2014

Date

Electronic Signature of Signing Officer/Director Detail

Date