

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003532

Entity Name: FLORIDA STATE FOSTER/ADOPTIVE PARENT ASSOCIATION, INC**FILED**
Apr 12, 2025
Secretary of State
3138705377CC**Current Principal Place of Business:**545 WILDWOOD PARKWAY
CAPE CORAL, FL 33904**Current Mailing Address:**PO BOX 152877
CAPE CORAL, FL 33915 US**FEI Number: 59-3401538****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VERNON, PAUL M
545 WILDWOOD PARKWAY
CAPE CORAL, FL 33904 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: PAUL VERNON****04/12/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	VERNON, PAUL M
Address	545 WILDWOOD PARKWAY
City-State-Zip:	CAPE CORAL FL 33904

Title	PRESIDENT
Name	THOMPSON, LYNDA
Address	3437 TARRAGON ST.
City-State-Zip:	COCOA FL 32926

Title	BOARD MEMBER
Name	DAVIS, TRAVIS
Address	1955 NW 47TH STREET
City-State-Zip:	MIAMI FL 33142

Title	SECRETARY
Name	GARRISON, SELENA
Address	2712 NE 24TH PLACE
City-State-Zip:	OCALA FL 34470

Title	VP
Name	CONNIZZO, MICHELE
Address	5623 SIMONTON STREET
City-State-Zip:	BRADENTON FL 34203

Title	BOARD MEMBER
Name	PFEFFER, JERROD
Address	4793 94TH PLACE
City-State-Zip:	LIVE OAK FL 32060

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: PAUL MAURICE VERNON**TREASURER****04/12/2025**

Electronic Signature of Signing Officer/Director Detail

Date