FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1/30/95
E 4/1/95

APPROVED AND FILED

95 MAR -2 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34590 (2)

1. Corporation Name

ADOPTION ADVOCATES, INC.

Principal Place of Business	Mailing Address
11407 SEMINOLE BLVD LARGO FL 34648	11407 SEMINOLE BLVD LARGO FL 34648

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1989
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-2975865 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HAYES, KATHLEEN RAE
11407 SEMINOLE BLVD
LARGO FL 34648

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DROZ, RONALD T.	1.2 NAME	
STREET ADDRESS	9435 KOGER BLVD, #104	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	MAAS, CHARLOTTE	2.2 NAME	
STREET ADDRESS	3298 21ST PLACE, S.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	DTV	3.1 TITLE	☐ Change ☐ Addition
NAME	NUCKOLLS, DEBORAH	3.2 NAME	
STREET ADDRESS	1435-29TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	DM	4.1 TITLE	☐ Change ☐ Addition
NAME	HAYES, KATHLEEN R	4.2 NAME	
STREET ADDRESS	11417 HARBORSIDE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DIAK, TERRY	5.2 NAME	
STREET ADDRESS	3203 JOHN MOORE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MUNAR, GENE	6.2 NAME	
STREET ADDRESS	417 20TH AVENUE, S.W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen R. Hayes Exec. Dir. 1/19/95 813 391 8096
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OR OFFICER OR DIRECTOR — Date — (Daytime Phone #)
Kathleen R. Hayes Executive Director

0087307