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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33778-3238

3. Date Incorporated or Qualified: 10/06/1989
3a. Date of Last Report: 02/01/1996

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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. Kathleen R. Hayes

SIGNATURE: Kathleen R. Hayes 1/7/97 813 391 8096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0052013