FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44054

(7)

1. Corporation Name														
A BOND OF LOVE ADOPTION AGENCY, INC.											i			
					,						I IBBANKI AK ANALI BIBKI ABIBK BIRK AKALI	HAN DIAK BIAN ATTI	IAH DIAH IABI	
Principal Place of Business Mailing Address														
2520 SO TAMIAMI TRAIL 2520 SO TAMIAMI TRAIL											3. Date Incorporated or Qualified			
SARASOTA FL 34239 SARASOTA FL 34239											06/24/1991			
j											4. FEI Number		pplied For	
											65-0307813	N	ot Applicable	
2. Principal Place of Business 21 /800 S/ESTA DE					26 /800 SIESTA DR						5. Certificate of Status Desired		Additional equired	
Suite, Apt. #, etc.					Sulte, Apt. #, etc.						6. Election Campaign Financing	\$5.00	May Be	
22						27 —					Trust Fund Contribution	Added t	o Fees	
	City & State				City & State						7. Is this nonprofit corporation a home			
	SARASOTA FL				28 SALASOTA, FL						☐ Yes ☐ No			
Zip			Country	├ ¬	Zip 2./~ e	اما	_	untry			8. This corporation owes or has paid to			
24 342	34239 25 US			20 3V239 30				05			Personal Property Tax due June 30.		_ No	
9, Name and Address of Current Registered Agent											10. Name and Address of New Regist	tered Agent		
								"	Name					
STOCKHAM, SUSAN L.								82	Street	Addre	ss (P.O. Box Number is Not Acceptable)			
1126 TARA VISTA									<u> </u>					
SARASOTA FL 34232													Į.	
ļ								84	City			85 Zip	Code	
								<u> </u>	l			FL C		
11. Pursuant office or r	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.													
agent, I a	m familiar wi	th, an	d accept the obliga	tions o	f, Section 617	7.0503, Flo	rida St	atute	S.					
SIGNATURE	SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered agent)											DATE]	
12.	Signature, typeo	OFFICERS AND					gistered Agent signature required 13.			ADDITIONS/CHANGES TO OFFICER		BS IN 12		
TITLE	PD		0171021107410	DELETE			_	1.1 TITLE			1,5511,510,611,410,61	☐ Change	☐ Addition	
NAME	STOCKHAM, SUSAN L.							1,2 NAME						
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						1.3 STREET ADDRESS							
CITY-ST-ZIP	04040074 54 044 00								T-ZIP					
TITLE	D		<u> </u>					21 TITLE		20		Change	Addition	
NAME	ROMMER, GWEN						2.2	2.2 NAME G. AA			A SINGLETON 19 SAND PINE LA	•		
STREET ADDRESS	4784 DAVID AVE.						23	2.3 STREET ADDRESS			O SAND PINE LA		Ì	
CITY-ST-ZIP	SARASOTA FL						2.4	2.4 CITY-ST-ZIP			ASOTA, FL 34241		Ţ	
TITLE	D LY DELETE						_	3.1 TITLE				Change	Addition	
NAME	PORTER, CYNTHIA						3.2 NAME			- m	CIL SIMS	_ •	· !	
STREET ADDRESS	h						3.3 STREET ADDRESS			40	109 LANCASTER DR.		l	
CITY-ST-ZIP	0.17.4.0074.59						3.4. CITY-ST-ZI			54	RASOTA FL 34241		l	
TITLE	D									D		☐ Change	Addition	
NAME					—			2 NAME		ير رو	IN SHELTON	•	_	
	STREET ADDRESS 4784 DAVID AVE.								4.3 STREET ADDRESS 8		S CLIFF DALE DR.			
CITY-ST-ZIP	SARASC			4.4 CF				VA.	RICO. FL. 33594		Į			
TITLE	D					DELETE		TITLE	r 411	 '77'		☐ Change	☐ Addition	
	MILED	VEN	1							l l				

14. I 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, of on an attachment with an address.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

7605 RICHARDSON RD

ECCLES, RON

SARASOTA FL

2502 JAMAICA ST

Sarasota Fl 34240

muito Eugens Mille

DELETE

3-9.98

LEANN BRADY

3057 NOVUS CT.

941-371-0000

☐ Change

Addition

FILED

Apr 02 1998 8:00am

Secretary of State

CR2E037 (10/97)