

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000011970

**FILED**  
**Feb 09, 2017**  
**Secretary of State**  
**CC2693463490**

**Entity Name:** SUNSHINE STATE ADOPTION AND HOME STUDY SERVICES, INC.

**Current Principal Place of Business:**

1344 VASSAR STREET  
ORLANDO, FL 32804

**Current Mailing Address:**

1344 VASSAR STREET  
ORLANDO, FL 32804

**FEI Number: 27-1891916**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HEWITT, DEBRA F  
1344 VASSAR STREET  
ORLANDO, FL 32804 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HEWITT, DEBRA F  
Address 1344 VASSAR STREET  
City-State-Zip: ORLANDO FL 32804

Title D  
Name NELSON, CHERYL-ANN  
Address 342 E. 5TH AVENUE  
City-State-Zip: MOUNT DORA FL 32757

Title D  
Name CARVER, JILL  
Address 5715 MARKHAM WOODS ROAD  
City-State-Zip: LAKE MARY FL 32746

Title D  
Name GREENE, KELLIE  
Address 601 HOLLAND LANE  
APT. 710  
City-State-Zip: ALEXANDRIA VA 22314

*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: DEBRA HEWITT**

**EXECUTIVE DIRECTOR**

**02/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date