

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004667

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC5182652164**

**Entity Name:** LIVING HOPE ADOPTION AGENCY, INC.

**Current Principal Place of Business:**

449 PENNSYLVANIA AVENUE  
FORT WASHINGTON, PA 19034

**Current Mailing Address:**

449 PENNSYLVANIA AVENUE  
FORT WASHINGTON, PA 19034

**FEI Number: 23-2820149**

**Certificate of Status Desired: No**

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

BRADSHAW, SHARON  
8000 HAWKINS ROAD  
SARASOTA, FL 34241 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 D  
Name HORNER, ROBIN  
Address 400A LYNN ROAD  
City-State-Zip: BLOUNTVILLE TN 37617

Title D  
Name CLINE, MICHAEL DR.  
Address 8025 PECK ROAD  
City-State-Zip: RAVENNA OH 44266

Title D  
Name TSAO, PRISCILLA DR.  
Address 265 WEST MAGNA VISTA AVENUE  
City-State-Zip: ARCADIA CA 91007

Title P  
Name FANG, SAMUEL  
Address 105 CARLISLE COURT  
City-State-Zip: LANSDALE PA 19446

Title S  
Name GUDZ, DENNIS  
Address 15 JUDGE THOMPSON ROAD  
City-State-Zip: SOMERVILLE NJ 08876

Title T  
Name FANG, LILY  
Address 105 CARLISLE COURT  
City-State-Zip: LANSDALE PA 19446

*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: LILY FANG**

**TREASURER**

**01/09/2014**

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

\_\_\_\_\_  
Date