


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90325 012 \*\*\*\*61.25

<b>DOCUMENT # 722148</b> 1. Entity Name <b>ADFAM CHARITIES, INC.</b>					
Principal Place of Business <b>4310 PABLO OAKS COURT JACKSONVILLE FLA, 32224 US</b>			Mailing Address <b>P.O. BOX 19366 JACKSONVILLE, FL 32245-9366 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-6128575</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>ZAHRA, E. ELLIS JR 4310 PABLO OAKS COURT JACKSONVILLE, FL 32224</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2008					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, LEE W 401 WEST MAIN STREET SUITE 1810 LOUISVILLE, KY 40202 <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SKELTON, H.J. 4310 PALBLO OAKS COURT JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THORNE, SUSAN C 4310 PABLO OAKS COURT JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, ROBERT D 4310 PABLO OAKS COURT JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OKO, SCOTT 4310 PABLO OAKS COURT JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS FRANCIS, H.D. 4310 PABLO OAKS COURT JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Susan C Thorne</u> <b>SUSAN C THORNE</b> <u>4/16/08</u> <u>904/223-7480</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					