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Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768422 (8)

1. Corporation Name

ADOPTION SERVICES, INC.

Principal Place of Business

Mailing Address

3003 SOUTH CONGRESS AVE.
1-C/1-F
PALM SPRINGS FL 33461
US3003 SOUTH CONGRESS AVE.
1-C/1-F
PALM SPRINGS FL 33461-2131
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/12/1983

3a. Date of Last Report

02/26/1996

4. FEI Number

59-2340962

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes.☐ Yes ☒ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETENAME NEEDLE, MONA
STREET ADDRESS 1501 PRESIDENTIAL WAY
CITY-ST-ZIP W. PALM BCH. FLTITLE D ☐ DELETENAME FOLEY, JR. W
STREET ADDRESS 3158 RIDDLE ROAD
CITY-ST-ZIP WEST PALM BEACH FLTITLE D ☐ DELETENAME LARKIN, KEVIN
STREET ADDRESS 10 CHAPEL CIRCLE
CITY-ST-ZIP TEQUESTA FLTITLE D ☐ DELETENAME SEAMAN, SUZANNE
STREET ADDRESS 6767 3RD ROAD
CITY-ST-ZIP LAKE WORTH FLTITLE D ☐ DELETENAME BALFOUR, SUSAN
STREET ADDRESS 301 BROADWAY
CITY-ST-ZIP RIVIERA BCH. FLTITLE D ☐ DELETENAME BALFOUR, JOHN
STREET ADDRESS 2560 RCA BLVD
CITY-ST-ZIP PALM BEACH GARDENS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition1.2 NAME FOLEY, LYNN
1.3 STREET ADDRESS 3158 Riddle Road
1.4 CITY-ST-ZIP West Palm Beach, FL2.1 TITLE ☐ Change ☐ Addition2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: *Lynn Foley* Lynn Foley

2/25/97 561 964-0041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043587

CR2E037 (9/96)