

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90071 039 ****61.25

0097824

DOCUMENT # F97000006678

1. Entity Name

NINE MONTHS ADOPTIONS, INC.



Principal Place of Business

**8676 WEST 96TH ST., STE. 200
OVERLAND PARK KS 66212**

Mailing Address

**8676 WEST 96TH ST., STE. 200
OVERLAND PARK KS 66212**

2. Principal Place of Business

9101 W. 110TH STREET

3. Mailing Address

9101 W. 110TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

OVERLAND PARK, KS 66210

City & State

OVERLAND PARK, KS 66210

4. FEI Number **74-2806225**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANCE, SEAN T
411 S MELVILLE AVE #2
TAMPA FL 33603**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANCE, T. SEAN	
STREET ADDRESS	411 S MELVILLE AVE #2	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	P	<input type="checkbox"/> Delete
NAME	EDSTROM, JACK	
STREET ADDRESS	11811 W. 149TH	
CITY-ST-ZIP	OLATHE KS 66062	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARS, SUSAN	
STREET ADDRESS	10029 CONNELL	
CITY-ST-ZIP	OVERLAND PARK KS 66212	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LANCE, SEAN T	
STREET ADDRESS	411 S MELVILLE AVE #2	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARS, TED	
STREET ADDRESS	10029 CONNELL	
CITY-ST-ZIP	OVERLAND PARK KS 66212	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, WADE	
STREET ADDRESS	13242 LONG	
CITY-ST-ZIP	OVERLAND PARK KS 66213	

TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT MARS	
STREET ADDRESS	13242 LONG	
CITY-ST-ZIP	OVERLAND PARK, KS 66213	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK EDSTROM	
STREET ADDRESS	11811 W. 149TH	
CITY-ST-ZIP	OLATHE, KS 66062	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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.

SIGNATURE:

SIGNATURE REQUIRED

7/28/03

CR2E037 (10/02)