


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

05-27-2004 90015 003 \*\*\*\*61.25

<b>DOCUMENT # F99000000308</b>	
1. Entity Name <b>NATIONAL ADOPTION CENTER, INC.</b>	

Principal Place of Business <b>1500 WALNUT ST., STE. 701 PHILADELPHIA, PA 19102</b>	Mailing Address <b>423 W. 8TH ST #400 KANSAS CITY, MO 64105</b>
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**24077248**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05112004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>23-1966667</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent	
		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 N/A

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	2VP	<input checked="" type="checkbox"/> Delete		TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULVEY, KERRY E			NAME	Allan Frank		
STREET ADDRESS	5001 WYNNEFIELD AVENUE			STREET ADDRESS	225 Washington Street		
CITY-ST-ZIP	PHILADELPHIA, PA 19131			CITY-ST-ZIP	Conshohocken, PA 19428		
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARMBRISTER, CLARENCE D			NAME			
STREET ADDRESS	1801 N BROAD STREET ROOM 403			STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA, PA 19122			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLAGHER, KATHLEEN P			NAME			
STREET ADDRESS	660 WEST GERMANTOWN PIKE			STREET ADDRESS			
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462			CITY-ST-ZIP			
TITLE	1VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUCCINO, SHIRLEY M			NAME			
STREET ADDRESS	590 NAAMANS ROAD			STREET ADDRESS			
CITY-ST-ZIP	CLAYMONT, DE 19703			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDSON, JOSEPH J			NAME			
STREET ADDRESS	1200 ATWATER DRIVE STE 200			STREET ADDRESS			
CITY-ST-ZIP	MALVERN, PA 19355			CITY-ST-ZIP			
TITLE	AST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIFKIN, MICHAEL L			NAME			
STREET ADDRESS	1205 WESTLAKES DRIVE STE 200			STREET ADDRESS			
CITY-ST-ZIP	BERWYN, PA 19312			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: Carolyn L. Johnson Carolyn L. Johnson 5/20/04 215-735-9988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #