

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000155

FILED
Jan 26, 2004
Secretary of State

Entity Name: FLORIDA HOME STUDIES AND ADOPTION, INC.

Current Principal Place of Business:

3945 HIDDEN GLEN DRIVE
SARASOTA, FL 34241

New Principal Place of Business:

5930 PALMER BLVD
SARASOTA, FL 34232

Current Mailing Address:

3945 HIDDEN GLEN DRIVE
SARASOTA, FL 34241

New Mailing Address:

5930 PALMER BLVD.
SARASOTA, FL 34232

FEI Number: 65-1107257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

H. GREG LEE
2014 FOURTH STREET
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: H. GREG LEE,
Address: 2014 FOURTH STREET
City-St-Zip: SARASOTA, FL 34237

Title: VD () Delete
Name: WHITESIDE, EMERSON G
Address: 7131 SADDLE CREEK CIRCLE
City-St-Zip: SARASOTA, FL 34241

Title: STD () Delete
Name: MIGNEMI, DEBORAH V
Address: 247 MCDILL AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Change (X) Addition
Name: HAM, GERALD W
Address: 7550 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34241

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: H. GREG LEE

PD

01/26/2004

Electronic Signature of Signing Officer or Director

Date