

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90053 026 ****61.25

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01282005 Chg-NP CR2E037 (10/03)

DOCUMENT # N01000000155 1. Entity Name FLORIDA HOME STUDIES AND ADOPTION, INC.					
Principal Place of Business 5930 PALMER BLVD SARASOTA, FL 34232			Mailing Address 5930 PALMER BLVD. SARASOTA, FL 34232		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1107257	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent H. GREG LEE 2014 FOURTH STREET SARASOTA, FL 34237				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	H. GREG LEE		NAME		
STREET ADDRESS	2014 FOURTH STREET		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP		
TITLE	VD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITESIDE, EMERSON G		NAME		
STREET ADDRESS	7131 SADDLE CREEK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP		
TITLE	STD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIGNEMI, DEBORAH V		NAME		
STREET ADDRESS	247 MCDILL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		CITY-ST-ZIP		
TITLE	VD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAM, GERALD W		NAME		
STREET ADDRESS	7550 BEE RIDGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:			2/1/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			941-342-8189		
			<small>Daytime Phone #</small>		