2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2004
Secretary of State

DOCUMENT# N01000000537

Entity Name: ADOPTION HOME STUDY PROFESSIONALS, INC.

Current Principal Place of Business:

5207 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5207 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-2939922 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, BONNIE LCSW
5207 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

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: DP ( ) Delete
Name: MARTIN, BONNIE LCSW
Address: 6917 NARRA ST
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DV ( ) Delete
Name: JULIAN, KIMBERLY BA
Address: 9221 CRESTON AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DST ( ) Delete
Name: MARTIN, JOHN B LCSW
Address: 6917 NARRA ST
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete
Name: PILATOVSKY, DIANE LMHC
Address: 4948 FORECASTLE DR
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change ( ) Addition
Name: BRADFORD, KIMBERLY BA
Address: 9221 CRESTON AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

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

Title: D (X) Change ( ) Addition
Name: STRINGFIELD, LYNN
Address: 5207 TROUBLE CREEK RD.
City-St-Zip: NEW PORT RICHEY, F 34652

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: BONNIE M. MARTIN DP 02/08/2004

Electronic Signature of Signing Officer or Director — Date