

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000000537**

1. Entity Name  
**ADOPTION HOME STUDY PROFESSIONALS, INC.**



Principal Place of Business  
**5207 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34652**

Mailing Address  
**5207 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34652**



01042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0841277**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000952348  
06/04/08-80074-019 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MARTIN, BONNIE LCSW 5749 SEA BREEZE DR. PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRADFORD, KIMBERLY BA 9221 CRESTON AVE NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JOHN B LCSW 5749 SEA BREEZE DR. PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROZYCKI, MARY 5207 TROUBLE CREEK RD. NEW PORT RICHEY, F 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-842-2055