

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000537

FILED
Jan 14, 2009
Secretary of State

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: 55-0841277

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 US

Name and Address of New Registered Agent:

ROZYCKI, MARY M MSW
5207 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652 US

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: MARY ROZYCKI

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: MARTIN, BONNIE LCSW
Address: 5749 SEA BREEZE DR.
City-St-Zip: PORT RICHEY, FL 34668

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

Title: D () Delete
Name: MARTIN, JOHN B LCSW
Address: 5749 SEA BREEZE DR.
City-St-Zip: PORT RICHEY, FL 34668

Title: DP () Delete
Name: ROZYCKI, MARY
Address: 5207 TROUBLE CREEK RD.
City-St-Zip: NEW PORT RICHEY, F 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: GOTT, KRIS
Address: 5207 TROUBLE CREEK RD
City-St-Zip: NEW PORT RICHEY, FL 34654

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

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

Title: DP (X) Change () Addition
Name: ROZYCKI, MARY M MARY RO
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 exemption stated 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 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: MARY ROZYCKI

DIRE

01/14/2009

Electronic Signature of Signing Officer or Director

Date