

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000000537

**FILED**  
**Mar 28, 2011**  
**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:**

ROZYCKI, MARY M MSW  
5207 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34652 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:** DST  
**Name:** GOTT, KRIS  
**Address:** 5207 TROUBLE CREEK RD  
**City-St-Zip:** NEW PORT RICHEY, FL 34654

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

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

**Title:** DP  
**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 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 all other like empowered.

**SIGNATURE:** MARY ROZYCKI

MS

03/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date