


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000001719 1. Entity Name SOUTH FLORIDA CHINA ADOPTION SERVICES, INC.	
--	---

Principal Place of Business 122 SW 51 ST. TERRACE CAPE CORAL, FL 33914	Mailing Address 122 SW 51 ST. TERRACE CAPE CORAL, FL 33914
--	--



04182004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KINCKERBOCKER, DAVID 122 SW 51 ST. TERRACE CAPE CORAL, FL 33914
--

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

000000134797
04/28/04-80032-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PATTERSON, DEBBIE 1327 RIO VISTA FT. MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROOKS, DEANNA 5085 RUSSELL AVE. FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HESS, CHERYL 10632 BAYTREE CT. LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCLEAN, BETTE 886 ENTRADA DR. FT. MYERS, FL 33911
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNICKERBOCKER, ELIZABETH 122 SW 51ST. TERRACE CAPE CORAL, FL 33914
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 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: Bette McLean BETTE MCLEAN 4/24/04 239 489 0228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #