

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 21, 2005 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**



01272005 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 ☐ **\$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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**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**

000000238583  
02/22/05-80006-001 61.25

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

2-17-05

(239) 4890225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #