

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N01000001719

1. Entity Name  
SOUTH FLORIDA CHINA ADOPTION SERVICES, INC.



FILED  
Aug 21, 2006 08:00 A  
Secretary of State

Principal Place of Business

122 SW 51 ST. TERRACE  
CAPE CORAL, FL 33914

Mailing Address

122 SW 51 ST. TERRACE  
CAPE CORAL, FL 33914



07242006 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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 September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PATTERSON, DEBBIE
STREET ADDRESS	1327 RIO VISTA
CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	DV
NAME	BROOKS, DEANNA
STREET ADDRESS	5085 RUSSELL AVE.
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	DS
NAME	HESS, CHERYL
STREET ADDRESS	10632 BAYTREE CT.
CITY-ST-ZIP	LEHIGH ACRES, FL 33936
TITLE	DT
NAME	MCLEAN, BETTE
STREET ADDRESS	886 ENTRADA DR.
CITY-ST-ZIP	FT. MYERS, FL 33911
TITLE	D
NAME	KNICKERBOCKER, ELIZABETH
STREET ADDRESS	122 SW 51ST. TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000574941  
08/22/06-80004-011 61.25

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: *Debbie Patterson, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/06

Date

239-542-0633

Daytime Phone #