2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000001719

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

FILED
Apr 02, 2007 08:00 AM
Secretary of State

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

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03312007 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

6. Name and Address of Current Registered Agent

KINCKERBOCKER, DAVID
122 SW 51 ST. TERRACE
CAPE CORAL, FL 33914

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6. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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	

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04/10/07-80037-010 61.25

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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: Bette McLean Treasurer 3/30/07 (239)542-0633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #