


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT #</b> N01000001719	
<b>1. Entity Name</b> SOUTH FLORIDA CHINA ADOPTION SERVICES, INC.	

<b>Principal Place of Business</b> 122 SW 51 ST. TERRACE CAPE CORAL, FL 33914	<b>Mailing Address</b> 122 SW 51 ST. TERRACE CAPE CORAL, FL 33914
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**DO NOT WRITE IN THIS SPACE**



04172008 No Chg-NP CR2E037 (4/06)

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

<b>6. Name and Address of Current Registered Agent</b>  KINCKERBOCKER, DAVID 122 SW 51 ST. TERRACE CAPE CORAL, FL 33914	<b>DO NOT WRITE IN THIS SPACE</b>
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**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.

<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b> _____
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DP PATTERSON, DEBBIE 1327 RIO VISTA FT. MYERS, FL 33901
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DV BROOKS, DEANNA 5085 RUSSELL AVE. FT. MYERS, FL 33919
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DS HESS, CHERYL 10632 BAYTREE CT. LEHIGH ACRES, FL 33936
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DT MCLEAN, BETTE 886 ENTRADA DR. FT. MYERS, FL 33911
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D KNICKERBOCKER, ELIZABETH 122 SW 51ST. TERRACE CAPE CORAL, FL 33914
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

**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.

<b>SIGNATURE:</b> <u>Bette McLean, Treasurer</u>	<u>04-16-08</u>	<u>239-988-0225</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>