

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001719

FILED
Jun 29, 2009
Secretary of State

Entity Name: SOUTH FLORIDA CHINA ADOPTION SERVICES, INC.

Current Principal Place of Business:

122 SW 51 ST. TERRACE
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

122 SW 51 ST. TERRACE
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 30-0162008 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PATTERSON, DEBBIE
Address: 1327 RIO VISTA
City-St-Zip: FT. MYERS, FL 33901

Title: DV () Delete
Name: BROOKS, DEANNA
Address: 5085 RUSSELL AVE.
City-St-Zip: FT. MYERS, FL 33919

Title: DS () Delete
Name: HESS, CHERYL
Address: 10632 BAYTREE CT.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: DT () Delete
Name: MCLEAN, BETTE
Address: 886 ENTRADA DR.
City-St-Zip: FT. MYERS, FL 33911

Title: D () Delete
Name: KNICKERBOCKER, ELIZABETH
Address: 122 SW 51ST. TERRACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEANNA BROOKS

DV

06/29/2009

Electronic Signature of Signing Officer or Director

Date