2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000009103

1. Entity Name
ADOPT-A-FAMILY PROJECT, INC.

Principal Place of Business	Mailing Address
6471 53RD CIRCLE VERO BEACH, FL 32967	6471 53RD CIRCLE VERO BEACH, FL 32967

DO NOT WRITE IN THIS SPACE

05112004 No Chg-NP CR2E037 (10/03)

4. FEI Number
01-0755833
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRUEGGEMAN, TIM
6471 53RD CIRCLE
VERO BEACH, FL 32967

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 _____ 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 September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000160911
05/19/04-80001-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRUEGGEMAN, TIMOTHY C
STREET ADDRESS	6471 53RD CIRCLE
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	VPD
NAME	BRADSHAW, BEN
STREET ADDRESS	4 JOHNS ISLAND DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	SD
NAME	BRUEGGEMAN, TRACY
STREET ADDRESS	6471 53RD CIRCLE
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ Timothy C. Brueggeman 5/17/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #