

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000009103

1. Entity Name

ADOPT-A-FAMILY PROJECT, INC.



Principal Place of Business

6471 53RD CIRCLE
VERO BEACH, FL 32967

Mailing Address

6471 53RD CIRCLE
VERO BEACH, FL 32967



05102005 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

DO NOT WRITE IN THIS SPACE

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

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 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

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CITY - ST - ZIP

000000367700
05/20/05-80001-005 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #