


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000003008	
1. Entity Name GIFT OF ADOPTION FUND - SOUTH FLORIDA CHAPTER, INC.	

Principal Place of Business ATTENTION: ALLISON FREELAND 8901 HAMMOCK LAKE COURT CORAL GABLES, FL 33156	Mailing Address ATTENTION: ALLISON FREELAND 8901 HAMMOCK LAKE COURT CORAL GABLES, FL 33156
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02052006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1182970	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FREELAND, ALLISON 8901 HAMMOCK LAKE COURT CORAL GABLES, FL 33156
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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.

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 May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, JEANNE 2121 PONCE DE LEON BLVD, STE 720 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROCHIN, CHRISTINA 9201 SW 52ND AVE CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAY, MICHAEL 4900 SW 74 TERRACE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINE, DAWN 5300 FAIRCHILD WAY CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAUM, ELLEN ESQ 1825 FOREST HILL BLVD. STE 103 WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREELAND, ALLISON 8901 HAMMOCK LAKE COURT CORAL GABLES, FL 33156

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U00000432093
02/23/06-80055-017 61.25

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: Allison Freeland 2/1/06 305-668-8262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #