

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
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



03202007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-1182970

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

FREELAND, ALLISON
8901 HAMMOCK LAKE COURT
CORAL GABLES, FL 33156

**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

Allison Freeland

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/20/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000694306
04/17/07-80011-015 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME BECKER, JEANNE
STREET ADDRESS 2121 PONCE DE LEON BLVD, STE 720
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME BROCHIN, CHRISTINA
STREET ADDRESS 9201 SW 52ND AVE
CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE D
NAME FAY, MICHAEL
STREET ADDRESS 4900 SW 74 TERRACE
CITY-ST-ZIP MIAMI, FL 33143

TITLE D
NAME FINE, DAWN
STREET ADDRESS 5300 FAIRCHILD WAY
CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE D
NAME FLAUM, ELLEN ESQ
STREET ADDRESS 1825 FOREST HILL BLVD. STE 103
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE D
NAME FREELAND, ALLISON
STREET ADDRESS 8901 HAMMOCK LAKE COURT
CITY-ST-ZIP CORAL GABLES, FL 33156

**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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/07