

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003008

FILED  
Jan 09, 2009  
Secretary of State

**Entity Name:** GIFT OF ADOPTION FUND - SOUTH FLORIDA CHAPTER, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

GIFT OF ADOPTION FUND ATTN: BRIAN  
P.O. BOX 567  
TECHNY, IL 60082

**New Mailing Address:**

**FEI Number:** 65-1182970

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FREELAND, ALLISON  
8901 HAMMOCK LAKE COURT  
CORAL GABLES, FL 33156 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: D ( ) Delete  
Name: BRENNER, STANLEY  
Address: 20283 STATE ROAD 7  
City-St-Zip: BOCA RATON, FL 33498

Title: D ( ) Delete  
Name: HECTOR, NANCY  
Address: 8585 OLD CUTLER ROAD  
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete  
Name: RUTSTEIN, JODI  
Address: 2499 GLADES ROAD, SUITE 203  
City-St-Zip: BOCA RATON, FL 33431

Title: D ( ) Delete  
Name: PFLEGER, JENNIFER  
Address: 733 CATALONIA AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: LEVY, DANA  
Address: 7031 N W 3RD AVE  
City-St-Zip: BOCA RATON, FL 33487

Title: D ( ) Delete  
Name: FREELAND, ALLISON  
Address: 8901 HAMMOCK LAKE COURT  
City-St-Zip: CORAL GABLES, FL 33156

**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:

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: JODI SUE RUTSTEIN

PRES

01/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date