

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90294 031 \*\*\*\*61.25

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04192005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N03000005462</b> 1. Entity Name <b>GIFT OF ADOPTION FUND - FLORIDA CHAPTER, INC.</b>					
Principal Place of Business <b>112 S. GLEN AVE. TAMPA, FL 33609</b>			Mailing Address <b>112 S. GLEN AVE. TAMPA, FL 33609</b>		
2. Principal Place of Business <b>2916 1/2 TAMBAY AVENUE</b> Suite, Apt. #, etc.		3. Mailing Address <b>2916 1/2 TAMBAY AVENUE</b> Suite, Apt. #, etc.			
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>		4. FEI Number <b>57-1171463</b>	
Zip <b>33611</b>	Country <b>USA</b>	Zip <b>33611</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BENITEZ, CHERYL A 112 S. GLEN AVE. TAMPA, FL 33609</b>				7. Name and Address of New Registered Agent Name <b>SPENCER, LOREEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2916 1/2 TAMBAY AVENUE</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33611</b>	
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 <u>Loreen Spencer</u> <span style="float: right;">4/20/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, DAVID P 1015 S. DAKOTA AVE. TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENITEZ, CHERYL A <del>112 S. GLEN AVE.</del> <del>TAMPA, FL 33609</del>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENITEZ, MICHAEL D 112 S. GLEN AVE. TAMPA, FL 33609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANEY, NATALIE E 3608 SAN JUAN TAMPA, FL 33629	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANEY, STEVEN M 3608 SAN JUAN TAMPA, FL 33629	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, LOREEN M 2916 1/2 TAMBAY TAMPA, FL 33611	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENITEZ, CHERYL A P.O. Box 3145 CASHIERS, NC 28717	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENITEZ, MICHAEL P.O. Box 3145 CASHIERS, NC 28717	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RANEY, NATALIE E. 3608 W. SAN JUAN ST. TAMPA FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPENCER, LOREEN 2916 1/2 TAMBAY AVE. TAMPA FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Loreen Spencer</u> <span style="float: right;">4/20/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					