



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90005 048 ****61.25

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|---|--|---|--|---|--|
| DOCUMENT # N03000005462 | | | |  | |
| 1. Entity Name GIFT OF ADOPTION FUND - FLORIDA CHAPTER, INC. | | | | | |
| Principal Place of Business 2916 1/2 TAMBAY AVE TAMPA, FL 33611 | | | Mailing Address 2916 1/2 TAMBAY AVE TAMPA, FL 33611 | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02092006 Chg-NP CR2E037 (11/05) | |
| City & State | | City & State | | 4. FEI Number 57-1171463 | |
| Zip | | Country | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SPENCER, LOREEN 2916 1/2 TAMBAY AVE TAMPA, FL 33611 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 <i>Loreen M. Spencer</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE <i>2/15/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| 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 | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete ALEXANDER, DAVID P 1015 S. DAKOTA AVE. TAMPA, FL 33606 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>See attached for additional directors</i> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Delete BENITEZ, CHERYL A P.O. BOX 3145 CASHIERS, NC 28717 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input type="checkbox"/> Delete BENITEZ, MICHAEL P.O. BOX 3145 CASHIERS, NC 28717 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <input type="checkbox"/> Delete RANEY, NATALIE E 3608 W SAN JUAN ST. TAMPA, FL 33629 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete RANEY, STEVEN M 3608 SAN JUAN TAMPA, FL 33629 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T <input type="checkbox"/> Delete SPENCER, LOREEN 2916 1/2 TAMBAY AVE. TAMPA, FL 33611 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <i>Loreen Spencer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date <i>2/15/06</i> Daytime Phone # <i>(813) 805-7320</i> | |

ATTACHMENT

40021377

2006 NOT-FOR-PROFIT CORPORAION ANNUAL REPORT
DOCUMENT #N0300005462

GIFT OF ADOPTION FUND – FLORIDA CHAPTER, INC.

Additional Officers and Directors for Box 10

| | |
|----------------|----------------------------------|
| Title | D |
| Name | Conn, David |
| Street Address | 201 E. Kennedy Blvd., Suite 1500 |
| City-ST-Zip | Tampa, FL 33602 |

| | |
|----------------|---------------------|
| Title | D |
| Name | Tate, Jeanne |
| Street Address | 418 W. Platt Street |
| City-ST-Zip | Tampa, FL 33606 |