

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 08:00**  
**Secretary of State**

**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**



02132007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**57-1171463**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SPENCER, LOREEN  
2916 1/2 TAMBAY AVE  
TAMPA, FL 33611**

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

(NOTE: Registered Agent signature required when reinstating)

2/17/07  
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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME ALEXANDER, DAVID P  
STREET ADDRESS 1015 S. DAKOTA AVE.  
CITY-ST-ZIP TAMPA, FL 33606

TITLE P  
NAME BENITEZ, CHERYL A  
STREET ADDRESS P.O. BOX 3145  
CITY-ST-ZIP CASHIERS, NC 28717

TITLE V  
NAME BENITEZ, MICHAEL  
STREET ADDRESS P.O. BOX 3145  
CITY-ST-ZIP CASHIERS, NC 28717

TITLE S  
NAME RANEY, NATALIE E  
STREET ADDRESS 3608 W SAN JUAN ST.  
CITY-ST-ZIP TAMPA, FL 33629

TITLE D  
NAME RANEY, STEVEN M  
STREET ADDRESS 3608 SAN JUAN  
CITY-ST-ZIP TAMPA, FL 33629

TITLE T  
NAME SPENCER, LOREEN  
STREET ADDRESS 2916 1/2 TAMBAY AVE.  
CITY-ST-ZIP TAMPA, FL 33611

U00000650143  
03/07/07-80074-024 61.25

**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:** Loreen Spencer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/07  
Date

Daytime Phone #