

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005462

FILED
Apr 02, 2008
Secretary of State

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

Current Principal Place of Business:

2916 1/2 TAMBAY AVE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

2916 1/2 TAMBAY AVE
TAMPA, FL 33611

New Mailing Address:

P.O. BOX 18714
TAMPA, FL 33679

FEI Number: 57-1171463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER, LOREEN
2916 1/2 TAMBAY AVE
TAMPA, FL 33611 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: ALEXANDER, DAVID P
Address: 1015 S. DAKOTA AVE.
City-St-Zip: TAMPA, FL 33606

Title: P () Delete
Name: BENITEZ, CHERYL A
Address: P.O. BOX 3145
City-St-Zip: CASHIERS, NC 28717

Title: V () Delete
Name: BENITEZ, MICHAEL
Address: P.O. BOX 3145
City-St-Zip: CASHIERS, NC 28717

Title: S () Delete
Name: RANEY, NATALIE E
Address: 3608 W SAN JUAN ST.
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: RANEY, STEVEN M
Address: 3608 SAN JUAN
City-St-Zip: TAMPA, FL 33629

Title: T () Delete
Name: SPENCER, LOREEN
Address: 2916 1/2 TAMBAY AVE.
City-St-Zip: TAMPA, FL 33611

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: D (X) Change () Addition
Name: TATE, JEANNE
Address: 418 W. PLATT STREET
City-St-Zip: TAMPA, FL 33606

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: LOREEN SPENCER

PRES

04/02/2008

Electronic Signature of Signing Officer or Director

Date