2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N03000005462

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:

P.O. BOX 18714
TAMPA, FL 33679

New Mailing Address:

P.O. BOX 567
ATTN: BRIAN
TECHNY, IL 60082

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:	TATE, JEANNE	
Address:	418 W. PLATT STREET	
City-St-Zip:	TAMPA, FL 33606	
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:	( ) 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: LOREEN SPENCER PRES 01/09/2009

Electronic Signature of Signing Officer or Director — Date