

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005462

FILED
Jan 05, 2010
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:

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

New Mailing Address:

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
Name: ALEXANDER, DAVID P
Address: 1015 S. DAKOTA AVE.
City-St-Zip: TAMPA, FL 33606

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

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

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

Title: D
Name: TATE, JEANNE
Address: 418 W. PLATT STREET
City-St-Zip: TAMPA, FL 33606

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

I hereby 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 all other like empowered.

SIGNATURE: LOREEN SPENCER

PRES

01/05/2010

Electronic Signature of Signing Officer or Director

Date