

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005632

FILED
May 16, 2006
Secretary of State

Entity Name: HOPE FOR FAMILIES: ADOPTION AND COUNSELING SERVICES, INC.

Current Principal Place of Business:

207 1/2 ORANGE AVE, SUITE A AND B
FT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

207 1/2 ORANGE AVE, SUITE A AND B
FT PIERCE, FL 34950

New Mailing Address:

FEI Number: 16-1675497 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BROWN, KENNETH N DR
207 1/2 ORANGE AVE, SUITE A AND B
FT PIERCE, FL 34950 US

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: PRES () Delete
Name: BROWN, KENNETH N DR
Address: 25 1ST CRT. SW
City-St-Zip: VERO BEACH, FL 32962

Title: TREA () Delete
Name: BROWN, LYNN M MRS.
Address: 25 1ST CRT. SW
City-St-Zip: VERO BEACH, FL 32962

Title: SECR () Delete
Name: TUMMOND, PAMELA MRS.
Address: 2906 1ST ST.
City-St-Zip: VERO BEACH, FL 32962

Title: V.P. () Delete
Name: LAWSON, TAMMY MRS.
Address: 220 SEA DUNES DR.
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SECR (X) Change () Addition
Name: FRARY, ROBERT REV.
Address: PO BOX 69141
City-St-Zip: VERO BEACH, FL 32969

Title: V.P. (X) Change () Addition
Name: KENDALL, PAUL REV.
Address: 210 E. WEATHERBEE RD.
City-St-Zip: FORT PIERCE, FL 34987

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. KENNETH N. BROWN LMFT

PRES

05/16/2006

Electronic Signature of Signing Officer or Director

Date