2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005
Secretary of State

DOCUMENT# N04000007869

Entity Name: ADOPTION CENTER OF FLORIDA CORP

Current Principal Place of Business:

2511 N GRADY AVE
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2511 N GRADY AVE
TAMPA, FL 33607

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

MORGAN, SUSAN
110 W FERN DT
TAMPA, FL 33604 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition
Name: MORGAN, SUSAN
Address: 110 W. FERN ST
City-St-Zip: TAMPA, FL 33604 US

Title: V ( ) Change (X) Addition
Name: MALLAN, JENNIFER
Address: 5519 WINHAWK WAY
City-St-Zip: TAMPA, FL 33558

Title: T ( ) Change (X) Addition
Name: MONTGOMERY, COLLEEN
Address: 4302 GINGER COVE DR. APT E
City-St-Zip: TAMPA, FL 33634

Title: S ( ) Change (X) Addition
Name: HAZLIP, MELISSA
Address: 5605 TANAGERLAKE RD
City-St-Zip: TAMPA, FL 33547

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SUSAN MORGAN P 09/07/2005
Electronic Signature of Signing Officer or Director — Date