## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000000765

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NORIEGA, ANDREA

8800 49TH ST N, STE 212

PINELLAS PARK, FL 33782

FILED Apr 19, 2009 Secretary of State

Entity Name: ADOPTION RELATED SERVICES OF PINELLAS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 8800 49TH ST N, STE 212 PINELLAS PARK, FL 33782 **Current Mailing Address: New Mailing Address:** 8800 49TH ST N, STE 212 PINELLAS PARK, FL 33782 FEI Number: 56-2559756 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EATON, LINDA EATON, LINDA 13575 58TH STREET N. 8800 49TH STREET N. 109 CLEARWATER, FL 33760 US PINELLAS PARK, FL 33782 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: LINDA EATON 04/19/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WHITCOMB, MELANIE Name: Name: 8800 49TH ST N, STE 212 Address: Address: City-St-Zip: PINELLAS PARK, FL 33782 City-St-Zip: Title: MS () Delete Title: MS (X) Change ( ) Addition PARNELL, JENNIFER Name: NORIEGA, ANDREA Name: Address: 8800 49TH ST N. STE 212 Address: 8800 49TH ST N. STE 212 City-St-Zip: PINELLAS PARK, FL 33782 City-St-Zip: PINELLAS PARK, FL 33782 Title: MS () Delete Title: (X) Change ( ) Addition ANNA, SHAREN MARKEY, COLETTA Name: Name: Address: 8800 49TH ST N, STE 212 Address: 8800 49TH ST N, STE 212 City-St-Zip: PINELLAS PARK, FL 33782 City-St-Zip: PINELLAS PARK, FL 33782 Title: MS (X) Delete Title: () Change () Addition Name: GOING, CONNIE Name: Address: 8800 49TH ST N, STE 212 Address: City-St-Zip: PINELLAS PARK, FL 33782 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LINDA EATON ED 04/19/2009

() Change () Addition