2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N06000006854

Entity Name: ADOPTION SUPPORT AND CONSULTATION SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

114 BESSEMER CIRCLE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

PO BOX 6845
BRANDON, FL 33508 US

New Mailing Address:

FEI Number: 20-5119056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMMOND, STACIA C
114 BESSEMER CIRCLE
BRANDON, FL 33511 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: F/ED ( ) Delete
Name: HAMMOND, STACIA C
Address: 114 BESSEMER CIRCLE
City-St-Zip: BRANDON, FL 33511

Title: D/T ( ) Delete
Name: HAMMOND, TODD E
Address: 114 BESSEMER CIRCLE
City-St-Zip: BRANDON, FL 33511

Title: D ( ) Delete
Name: JOHNSON, PAULA D
Address: 1421 LOLA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: MORGAN, SIMONE R
Address: 5669 GREYSTONE DRIVE
City-St-Zip: SPRING HILL, FL 34609

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: HAMMOND, STACIA C
Address: 114 BESSEMER CIRCLE
City-St-Zip: BRANDON, FL 33511

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: D ( ) Change (X) Addition
Name: BRIDGES, CHERYL L
Address: 2201 DECKMAN LANE
City-St-Zip: SILVER SPRING, MD 20906

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: STACIA C. HAMMOND PRES 04/27/2009

Electronic Signature of Signing Officer or Director — Date