

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006854

FILED  
Sep 28, 2012  
Secretary of State

**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: PRES  
Name: HAMMOND, STACIA C  
Address: 114 BESSEMER CIRCLE  
City-St-Zip: BRANDON, FL 33511

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

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

Title: D  
Name: MORGAN, SIMONE R  
Address: 20124 TAMiami AVENE  
City-St-Zip: TAMPA, FL 33647

Title: D  
Name: BRIDGES, CHERYL L  
Address: 2201 DECKMAN LANE  
City-St-Zip: SILVER SPRING, MD 20906

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: STACIA C, HAMMOND

PRES

09/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date