

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 15 AM 10:38

DOCUMENT # **N19314** (6)

1. Corporation Name  
**THE ADOPTION CENTRE, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**341 N. MAITLAND AVE. #260 MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/18/1987</b>	3a. Date of Last Report <b>03/09/1994</b>
4. FEI Number <b>59-2795881</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BOISSELLE, ROBERT E.  
1550 DIXON ROAD  
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Robert E. Boisselle** *Robert E. Boisselle* 3/8/95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>CUMMINGS, MR. MARK</b>
STREET ADDRESS	<b>1360 N. MARCY DR.</b>
CITY- ST- ZIP	<b>LONGWOOD FL 32750</b>
TITLE	<b>D</b>
NAME	<b>COX, MR. EDWARD JR. PA</b>
STREET ADDRESS	<b>320 N. MAGNOLIA AVE., STE B-7</b>
CITY- ST- ZIP	<b>ORLANDO FL 32801</b>
TITLE	<b>D</b>
NAME	<b>KLINE, MR. JAMES</b>
STREET ADDRESS	<b>2525 TUSCARORA TRAIL</b>
CITY- ST- ZIP	<b>MAITLAND FL 32751</b>
TITLE	<b>D</b>
NAME	<b>SELZNICK, STEVE</b>
STREET ADDRESS	<b>905 SEMORAN BLVD</b>
CITY- ST- ZIP	<b>CASSELBERRY FL 32707</b>
TITLE	<b>D</b>
NAME	<b>DUDLEY, LARRY</b>
STREET ADDRESS	<b>998 LAKE DESTINY RD.</b>
CITY- ST- ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>
TITLE	<b>D</b>
NAME	<b>BEERBOWER, KAREN</b>
STREET ADDRESS	<b>P.O. BOX 941301 N/A</b>
CITY- ST- ZIP	<b>MAITLAND FL 32751</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Chairperson</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Esposito, Mrs. Carla</b>	
1.3 STREET ADDRESS	<b>5512 Long Lake Drive</b>	
1.4 CITY- ST- ZIP	<b>Orlando, Florida 32810</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Beck, Mr. James</b>	
2.3 STREET ADDRESS	<b>9240 So. Hwy. 17-92</b>	
2.4 CITY- ST- ZIP	<b>Maitland, Florida 32751</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Merbler, Ms. Kathy</b>	
3.3 STREET ADDRESS	<b>995 So. Orlando Ave.</b>	
3.4 CITY- ST- ZIP	<b>Winter Park, Florida 32789</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Esposito, Mr. Michael</b>	
4.3 STREET ADDRESS	<b>5512 Long Lake Drive</b>	
4.4 CITY- ST- ZIP	<b>Orlando, Florida 32810</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Ayton, Ms. Sandy</b>	
5.3 STREET ADDRESS	<b>327 Desoto Circle</b>	
5.4 CITY- ST- ZIP	<b>Orlando, Florida 32804</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Hooker, Mrs. Marti</b>	
6.3 STREET ADDRESS	<b>114 Shady Lane</b>	
6.4 CITY- ST- ZIP	<b>Longwood, Florida 32750</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Carla S. Esposito* **Carla S. Esposito** 3/8/95 407-740-0044  
Signature and typed or printed name of officer or director Date Date (None)