

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 05 1996 8:00 am
Secretary of State

DOCUMENT # N32605

(0)

1. Corporation Name

ADOPTIONS BY CHOICE, INC.

Principal Place of Business

% 4102 W. LINEBAUGH AVENUE
SUITE 200
TAMPA FL 33624

Mailing Address

% 4102 W. LINEBAUGH AVENUE
SUITE 200
TAMPA FL 33624

3. Date Incorporated or Qualified
06/01/1989

3a. Date of Last Report
08/11/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

31-1277875

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEST, DEBRA L.
4102 W. LINEBAUGH AVENUE
SUITE 200
TAMPA FL 33624

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DAYE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MAY VICKI
STREET ADDRESS 932 ROYAL BIRKDALE DR
CITY-STATE-ZIP TARPON SPRINGS FL

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE STD
NAME GROSKOPF, EILEEN
STREET ADDRESS 222 SARATOGA COURT
CITY-STATE-ZIP OSPREY FL

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE
NAME NOPPENBERGER, EDIE
STREET ADDRESS 314 MIRAVISTA DR
CITY-STATE-ZIP DUNEDIN FL

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE
NAME ZELASKO, SUE
STREET ADDRESS 2705 CAMDEN
CITY-STATE-ZIP COLUMBUS OH

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE
NAME WEST, DEBRA
STREET ADDRESS 6668 N. RIVER ROAD
CITY-STATE-ZIP NEW PORT RICHEY FL 34652

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE
NAME DORMOIS BEVERLY
STREET ADDRESS 2934 ST ANDREWS BLVD
CITY-STATE-ZIP TARPON SPRINGS FL

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

☐ Change

☐ Addition

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

Debra L. West
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-1996

813 9602229

Date

Daytime Phone #

CR2E037 (12/95)