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Jan 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N32605 (0)

1. Corporation Name

ADOPTIONS BY CHOICE, INC.

Principal Place of Business

Mailing Address

% 4102 W. LINEBAUGH AVENUE
SUITE 200
TAMPA FL 33624

% 4102 W. LINEBAUGH AVENUE
SUITE 200
TAMPA FL 33624



3. Date Incorporated or Qualified
06/01/1989

3a. Date of Last Report
02/05/1996

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. 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)

DATE

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-ST-ZIP TARPON SPRINGS FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T
NAME WEST, DEBRA
STREET ADDRESS 6888 N. RIVER ROAD
CITY-ST-ZIP NEW PORT RICHEY FL 34652

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1-10-97

CR2E037 (9/96)