

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # N34590

1. Entity Name
ADOPTION ADVOCATES, INC.



Principal Place of Business
**11407 SEMINOLE BLVD
LARGO, FL 33778 US**

Mailing Address
**11407 SEMINOLE BLVD
LARGO, FL 33778 US**



01162005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2975865

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HAYES, KATHLEEN RAE
11407 SEMINOLE BLVD
LARGO, FL 33778**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAYES, CHARLES J
STREET ADDRESS	11407 SEMINOLE BLVD
CITY-ST-ZIP	LARGO, FL 33778
TITLE	D
NAME	HAYES, TARA R
STREET ADDRESS	11407 SEMINOLE BLVD
CITY-ST-ZIP	LARGO, FL 33778
TITLE	D
NAME	HAYES, KATHLEEN R
STREET ADDRESS	11407 SEMINOLE BLVD
CITY-ST-ZIP	LARGO, FL 33778
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

114000185874
01/21/05-80033-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kathleen R. Hayes
4/21/05