

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 20, 2006 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**



01042006 No Chg-NP

CR2E037 (11/05)

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, 2006**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000393543  
01/25/06-80025-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Kathleen R. Hayes*  
SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTOR

*1/4/06*  
Date

*727 3918096*  
Daytime Phone #