

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 A**  
**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

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
59-2975865

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HAYES, KATHLEEN RAE  
11407 SEMINOLE BLVD  
LARGO, FL 33778

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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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000786245  
01/17/08-80032-025 61.25

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

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2008

Date

727 391 8096

Daytime Phone #