


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90006 030 \*\*\*\*70.00

**DOCUMENT # N37090**  
 1. **SARASOTA ADOPT-A-FAMILY, INC.**



2072 17TH ST  
 SARASOTA, FL 34234 US

~~P.O. BOX 14028~~  
~~SARASOTA, FL 34278 US~~

**54066521**



2.  3.

07132004 Chg-NP CR2E037 (10/03)

4. **65-0177826**

5.  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

BEARD, ALICE A.  
 3910 BRAZILNUT AVE.  
 SARASOTA, FL 34234

**7. Name and Address of New Registered Agent**

FL

8.

**Filing Fee is \$61.25 Due by September 8, 2004**

9.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10.	<input type="checkbox"/> Delete
TITLE PD NAME BEARD, ALICE A. STREET ADDRESS 3910 BRAZILNUT AVE. CITY-ST-ZIP SARASOTA, FL	<input type="checkbox"/>
TITLE S NAME SMITH, CHERYL STREET ADDRESS 2744 AUSTIN ST CITY-ST-ZIP SARASOTA, FL 34231	<input checked="" type="checkbox"/>
TITLE <del>D</del> NAME BENNETT, MADELINE STREET ADDRESS 2229 ROSE ST. CITY-ST-ZIP SARASOTA, FL 34239	<input type="checkbox"/>
TITLE VDS NAME STRATTMANN, GENE STREET ADDRESS 244-F 9TH ST. CITY-ST-ZIP SARASOTA, FL	<input type="checkbox"/>
TITLE D NAME BEARD, LEVITT STREET ADDRESS 3910 BRAZILNUT AVE. CITY-ST-ZIP SARASOTA, FL	<input type="checkbox"/>
TITLE T NAME PALLER, ORRIE 4 STREET ADDRESS 4632 OAK FOREST DR. CITY-ST-ZIP SARASOTA, FL 34232	<input type="checkbox"/>

11.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE Secretary NAME Madeline Bennett STREET ADDRESS 2894 Davis Ave CITY-ST-ZIP Sarasota, FL 34237	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

12.

**SIGNATURE:** *Alice A. Beard*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR