

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37090

FILED
Apr 30, 2007
Secretary of State

Entity Name: SARASOTA ADOPT-A-FAMILY, INC.

Current Principal Place of Business:

2072 17TH ST
SARASOTA, FL 34234 US

New Principal Place of Business:

Current Mailing Address:

2072 17TH ST
SARASOTA, FL 34234 US

New Mailing Address:

FEI Number: 65-0177826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEARD, ALICE A.
Address: 3910 BRAZILNUT AVE.
City-St-Zip: SARASOTA, FL

Title: S () Delete
Name: BENNETT, MADELINE
Address: 2894 DAVIS AVE
City-St-Zip: SARASOTA, FL 34237

Title: VDS () Delete
Name: STRATTMANN, GENE
Address: 244-F 9TH ST.
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: BEARD, LEVITT
Address: 3910 BRAZILNUT AVE.
City-St-Zip: SARASOTA, FL

Title: T () Delete
Name: PALLER, ORRIE 4
Address: 4632 OAK FOREST DR.
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE A BEARD

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date