FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:07

DOCUMENT # N37671 (7)

1. Corporation Name
ADOPT-A-VILLAGE MISSIONS, INC.

Principal Place of Business	Mailing Address
3334 CAPITAL MEDICAL BLDG. SUITE 600 TALLAHASSEE FL 32308	3334 CAPITAL MEDICAL BLDG. SUITE 600 TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1990
3a. Date of Last Report: 04/14/1994
4. FEI Number: 58-1894305 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: 1719 Mahan Drive
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address 26: 1719 Mahan Drive
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FREDRICK, JEFFREY R
6332 COUNT FLEET TRAIL
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	KEPPER, WILLIAM	12 NAME		
STREET ADDRESS	1885 PROFESSIONAL PK CIR	13 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MERRITT, LOU	22 NAME		
STREET ADDRESS	2629 VASSAR ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	FREDRICK, JEFFREY	32 NAME		
STREET ADDRESS	1719 MAHAN DR.	33 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	VARKEY, MARY	42 NAME		
STREET ADDRESS	3828 FORSYTHE WAY	43 STREET ADDRESS	474 Pesaro St.	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	Agoura, CA 91301	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SUTTON, PAULA	52 NAME		
STREET ADDRESS	504 W. TENNESSEE	53 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	M/T/D	☒ Change ☐ Addition
NAME	GRADDY, GINA A.	62 NAME	Karen (Gina) A. Graddy	
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD., #600	63 STREET ADDRESS	1719 Mahan Drive	
CITY-ST-ZIP	TALLAHASSEE FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karen R. A. Graddy Karen R. A. Graddy, Administrator & Treasurer 3/14/95 878-1100
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0027287