

FILE NOW: FILING FEE IS \$61.25

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Apr 06 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N37671 (7)**  
 1. Corporation Name  
**ADOPT-A-VILLAGE MISSIONS, INC.**

Principal Place of Business <b>1719 MAHAN DRIVE TALLAHASSEE FL 32308 US</b>	Mailing Address <b>1719 MAHAN DRIVE TALLAHASSEE FL 32308 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified <b>04/13/1990</b>	Applied For <b>58-1894305</b>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>FREDRICK, JEFFREY R 6332 COUNT FLEET TRAIL TALLAHASSEE FL 32308</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEPPER, WILLIAM</b>	1.2 NAME	
STREET ADDRESS	<b>1885 PROFESSIONAL PARK CR #30</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERRITT, LOU</b>	2.2 NAME	
STREET ADDRESS	<b>2629 VASSAR ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREDRICK, JEFFREY</b>	3.2 NAME	
STREET ADDRESS	<b>1719 MAHAN DR.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VARKEY, MARY R.N.</b>	4.2 NAME	
STREET ADDRESS	<b>474 PESARO ST</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>AGOURA CA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUTTON, PAULA</b>	5.2 NAME	
STREET ADDRESS	<b>P O BOX 305</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>MTD</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRADDY, GINA</b>	6.2 NAME	
STREET ADDRESS	<b>1719 MAHAN DRIVE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-98 850-878-1108

CR2E037 (10/97)

**ADOPT-A-VILLAGE BOARD OF DIRECTORS - 1998**

**Jeff Fredrick**  
1719 Mahan Drive  
Tallahassee, FL 32308

**Dr. Bill Kepper**  
1885 Professional Park Cr., #30  
Tallahassee, FL 32308

**Ms. Linda Schroeder**  
261 Timberlane Road  
Tallahassee, FL 32312

**Ms. Mary Varkey Anderson**  
1935 S. Martin Luther King Jr. Blvd.  
Tallahassee, FL 32301

**Ms. Marlene Brudenell, R.N.**  
9601-12 Miccosukee Road  
Tallahassee, FL 32308

**Dr. David Keen**  
1516 Blockford Court East  
Tallahassee, FL 32311

**Dr. Lisa Kohler**  
1301 Hodges Drive  
Tallahassee, FL 32308

**Mr. Sidney L. Matthew**  
Gorman & Matthew, P.A.  
135 South Monroe Street  
Tallahassee, FL 32301

**Mr. Lou Merritt**  
2629 Vassar Road  
Tallahassee, FL 32308

**Mr. Bob Morrison**  
909 Abbiegail Drive  
Tallahassee, FL 32303

**Ms. Paula Sutton**  
P. O. Box 305  
Tallahassee, FL 32302

**Ms. Irene Wilson, ARNP**  
3287 Horseshoe Trail  
Tallahassee, FL 32312