

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90021 016 \*\*\*\*61.25

**DOCUMENT # N37671**

1. Corporation Name

**ADOPT-A-VILLAGE MISSIONS, INC.**

Principal Place of Business

1719 MAHAN DRIVE  
TALLAHASSEE FL 32308  
US

Mailing Address

1719 MAHAN DRIVE  
TALLAHASSEE FL 32308  
US

275593-90021-16



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/13/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
58-1894305

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREDRICK, JEFFREY R  
6332 COUNT FLEET TRAIL  
TALLAHASSEE FL 32308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 D ☐ DELETE  
NAME KEPPER, WILLIAM  
STREET ADDRESS 1885 PROFESSIONAL PARK CR #30  
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MERRITT, LOU  
STREET ADDRESS 2629 VASSAR ROAD  
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME FREDRICK, JEFFREY  
STREET ADDRESS 1719 MAHAN DR.  
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME VARKEY, MARY R.N.  
STREET ADDRESS 474 PESARO ST- See Attached  
CITY-ST-ZIP AGOURA-CA

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME SUTTON, PAULA  
STREET ADDRESS P O BOX 305  
CITY-ST-ZIP TALLAHASSEE FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME See Attached  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

850/878-1108

Date

Daytime Phone #

CR2E037 (11/98)

275593-90021-16  
N37671

## **1999 ADOPT-A-VILLAGE MISSIONS, INC. BOARD OF DIRECTORS**

Jeff Fredrick  
Project Director  
1719 Mahan Drive  
Tallahassee, FL 32308

Bill Kepper, M.D.  
Medical Director  
1885 Professional Park Cr., #30  
Tallahassee, FL 32308

Ms. Linda Schroeder, M.T.  
Secretary  
261 Timberlane Road  
Tallahassee, FL 32312

Ms. Mary Varkey Anderson  
1680 Cypress Row Drive  
West Palm Beach, FL 33411

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

David Keen, M.D.  
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

Meredith McKinney, M.D.  
5950 Miller Landing Cove  
Tallahassee, FL 32312

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