


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N37671		
1. Entity 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	
DO NOT WRITE IN THIS SPACE		
05112005 No Chg-NP CR2E037 (10/03)		
4. FEI Number 58-1894305		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
FREDRICK, JEFFREY R 6332 COUNT FLEET TRAIL TALLAHASSEE, FL 32308		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEPPER, WILLIAM 1885 PROFESSIONAL PARK CR #30 TALLAHASSEE, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, LOU 2629 VASSAR ROAD TALLAHASSEE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDRICK, JEFFREY 1719 MAHAN DR. TALLAHASSEE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHIDDON, MISSY 4236 WILLIAM JAMES WAY TALLAHASSEE, FL 32303	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, PAULA P O BOX 305 TALLAHASSEE, FL 32302	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, BOB 909 ABBIEGAIL DR TALLAHASSEE, FL 32302	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Karen Graddy Karen Graddy</u>		5/1/5 878-1108
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>