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NONPROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # N44054 (7)

1. Corporation Name

A BOND OF LOVE ADOPTION AGENCY, INC.

Principal Place of Business	Mailing Address
2520 SO TAMIAMI TRAIL SARASOTA FL 34239	2520 SO TAMIAMI TRAIL SARASOTA FL 34239-4501

3. Date Incorporated or Qualified	3a. Date of Last Report
06/24/1991	02/21/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0307813	Applied For / Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STOCKHAM, SUSAN L. 1126 TARA VISTA SARASOTA FL 34232	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 **PD** ☐ DELETE NAME **STOCKHAM, SUSAN L.** STREET ADDRESS **1126 TARA VISTA** CITY-ST-ZIP **SARASOTA FL**		1.1 TITLE **D** 1.2 NAME *LINDA SINGLETON* 1.3 STREET ADDRESS *4619 SANDPINE LANE* 1.4 CITY-ST-ZIP *SARASOTA, FL. 34241*	☐ Change ☑ Addition
TITLE **D** ☐ DELETE NAME **ROMMER, GWEN** STREET ADDRESS **4784 DAVID AVE.** CITY-ST-ZIP **SARASOTA FL**		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **PORTER, CYNTHIA** STREET ADDRESS **600 47TH ST** CITY-ST-ZIP **SARASOTA FL**		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **ROMMER, ROB** STREET ADDRESS **4784 DAVID AVE.** CITY-ST-ZIP **SARASOTA FL**		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **MILLER, KEN** STREET ADDRESS **7605 RICHARDSON RD** CITY-ST-ZIP **SARASOTA FL**		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **ECCLES, RON** STREET ADDRESS **2502 JAMAICA ST** CITY-ST-ZIP **SARASOTA FL**		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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.