

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N44054

1. Entity Name
A BOND OF LOVE ADOPTION AGENCY, INC.



Principal Place of Business

1800 SIESTA DR
SARASOTA, FL 34239 US

Mailing Address

1800 SIESTA DR
SARASOTA, FL 34239 US



04192007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0307813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOCKHAM, SUSAN L.
6775 TIMBERLAND LANE
SARASOTA, FL 34241

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000725890
05/03/07-80039-024 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CAVANAUGH, SUSAN
7102 SADDLE CREEK CIR
SARASOTA, FL 34241

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
SURINGER, TARA
1100 VERMEER DR
NOKOMIS, FL 34275

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
HESTER, JACKIE
1708 FI OWER DR
SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WINSLER, CHRISTINE
7241 FIRE THORNE DR
SARASOTA, FL 34240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MARTIN, SUZANNE
933 NOKOMIS AVE.
VENICE, FL 34285

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.19.07