

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44054

FILED
Jan 06, 2009
Secretary of State

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

Current Principal Place of Business:

1800 SIESTA DR
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

1800 SIESTA DR
SARASOTA, FL 34239 US

New Mailing Address:

FEI Number: 65-0307813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CAVANAUGH, SUSAN
Address: 7152 SADDLE CREEK CIR
City-St-Zip: SARASOTA, FL 34241

Title: D () Delete
Name: FABIEN, MARGARET
Address: 2772 GALLEON PLACE
City-St-Zip: SARASOTA, FL 34235

Title: C () Delete
Name: HESTER, JACKIE
Address: 1708 FLOWER DR
City-St-Zip: SARASOTA, FL 34239

Title: SD () Delete
Name: WINSLER, CHRISTINE
Address: 7241 FIRE THORNE DR
City-St-Zip: SARASOTA, FL 34240

Title: P () Delete
Name: MARTIN, SUZANNE
Address: 929 NOKOMIS AVE.
City-St-Zip: VENICE, FL 34285

Title: D (X) Delete
Name: VALE, KAREN
Address: 471 PARK TRACE BLVD.
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE MARTIN

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date