

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER A. MURPHY
TALLAHASSEE, FLORIDA
32399-0001

APPROVED
(15)
FILED

22 MAY - 1 PM 15

NOT RECORDED
TALLAHASSEE, FLORIDA

DOCUMENT # **N45496** (9)

1. Corporation Name

MID-FLORIDA ADOPTION REUNION INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
8001 S.E. 3RD COURT OCALA FL 32676-7247		8001 S.E. 3RD COURT OCALA FL 32676-7247	

3. Date incorporated or qualified 10/07/1991	3a. Date of Last Report 05/01/1994
4. FIC Number 65-0293895	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Outpayers' Fees and Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
7. Nonprofit with 64G 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for outpayers' fees under 19-199.032, Florida Statutes. ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. # and	26. State, Apt. # and
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
KNOTTS, LINDA 8001 SE 3RD COURT OCALA FL 34480		<table border="1"> <tr> <td>81. Name</td> <td></td> </tr> <tr> <td>82. Street & Apt. # (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83. City</td> <td></td> </tr> <tr> <td>84. State</td> <td>FL</td> </tr> <tr> <td>85. Zip Code</td> <td></td> </tr> </table>		81. Name		82. Street & Apt. # (P.O. Box Number is Not Acceptable)		83. City		84. State	FL	85. Zip Code	
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83. City													
84. State	FL												
85. Zip Code													

11. Pursuant to the provisions of Sections 607.0501 and 607.1501, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, as the State of Florida has authority to change was authorized to. This corporation's board of directors hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0501, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ALL OTHER PERSONS HAVING SIGNING AUTHORITY	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	KNOTTS, LINDA	NAME	
STREET ADDRESS	8001 SE 3RD CT	STREET ADDRESS	
CITY AND STATE	OCALA FL	CITY AND STATE	
TITLE	VPD	TITLE	☐ Change ☐ Addition
NAME	KNOTTS, REUBEN	NAME	
STREET ADDRESS	8001 SE 3RD CT	STREET ADDRESS	
CITY AND STATE	OCALA FL	CITY AND STATE	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	RUSSELL, MARGARET T.	NAME	
STREET ADDRESS	2009 NE 52RD	STREET ADDRESS	
CITY AND STATE	OCALA FL	CITY AND STATE	
TITLE	ASD	TITLE	☐ Change ☐ Addition
NAME	PARKER, MARIANE	NAME	
STREET ADDRESS	P.O. BOX 3884 N/A	STREET ADDRESS	
CITY AND STATE	OCALA FL 32678	CITY AND STATE	
TITLE	FITZPATRICK, MARINE ASD	TITLE	☐ Change ☐ Addition
NAME	2401 NE 16th AVE	NAME	
STREET ADDRESS	OCALA FL 34470	STREET ADDRESS	
CITY AND STATE		CITY AND STATE	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY AND STATE		CITY AND STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption related to law firm 19-199.032, Florida Statutes. I affirm that the information included 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 person authorized to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in the list of officers or directors of the corporation or authorized with an address.

SIGNATURE: *Linda Knotts* 4/29/95 904-239-1955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR