

FILE NOW: FILING FEE IS \$61.25

* NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N45496 (9)

1. Corporation Name

MID-FLORIDA ADOPTION REUNION INC.



Principal Place of Business

Mailing Address

~~8001 S.E. 3RD COURT
OCALA FL 32676-7247~~
**5910 SE 157th AVE
BELLEVUE FL
34420**

~~8001 S.E. 3RD COURT
OCALA FL 32676-7247~~
**5910 SE 157th AVE
BELLEVUE FL 34420**

3. Date Incorporated or Qualified
10/07/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
65-0293895

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

**KNOTTS, LINDA
8001 SE 3RD COURT
OCALA FL 34480**

*Address CHANGED TO
LINDA KNOTTS
5910 SE 157th AVE
BELLEVUE FL
34420*

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

TITLE **P** ☐ DELETE
NAME **KNOTTS, LINDA**
STREET ADDRESS **8001 SE 3RD CT**
CITY- ST- ZIP **OCALA FL**

TITLE **VPD** ☐ DELETE
NAME **KNOTTS, REUBEN**
STREET ADDRESS **8001 SE 3RD CT**
CITY- ST- ZIP **OCALA FL**

TITLE **SD** ☐ DELETE
NAME **RUSSELL, MARGARET T.**
STREET ADDRESS **2009 NE 52RD**
CITY- ST- ZIP **OCALA FL**

TITLE **ASD** ☐ DELETE
NAME **PARKER, MARIANE**
STREET ADDRESS **P.O. BOX 3884 N/A**
CITY- ST- ZIP **OCALA FL 32678**

TITLE **ASD** ☐ DELETE
NAME **FITZPATRICK, MAXINE**
STREET ADDRESS **2401 NE 19TH AVE**
CITY- ST- ZIP **OCALA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Linda Knotts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/96 (352) 307-9600

Date

Daytime Phone #

CR2E037 (12/95)