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FILED
May 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

5910 SE 127 LANE
BELLEVUE FL 34420

Mailing Address

5910 SE 127 LANE P.O. Box 3475
BELLEVUE FL 34420-3475



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified
10/07/1991

3a. Date of Last Report
05/21/1996

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
5910 SE 127 LANE
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 617.1506, 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 P ☐ DELETE
NAME KNOTTS, LINDA
STREET ADDRESS 8001 SE 9RD CT 5910 SE 127 LN
CITY - ST - ZIP Ocala FL Bellevue FL 34420

TITLE VPD ☐ DELETE
NAME KNOTTS, REUBEN
STREET ADDRESS 8001 SE 9RD CT 5910 SE 127 LN
CITY - ST - ZIP Ocala FL Bellevue FL 34420

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

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

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.

CR2E037 (9/96)