


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90043 040 ****70.50

0069531

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N45496					
1. Corporation Name MID-FLORIDA ADOPTION REUNION INC.					
Principal Place of Business 5910 SE 127 LANE BELLEVUE FL 34420			Mailing Address P O BOX 3475 BELLEVUE FL 34421 US		



437127 - 90043 - 40

2. Principal Place of Business 21 <u>SAME</u>		2a. Mailing Address 26 <u>SAME</u>		3. Date Incorporated or Qualified 10/07/1991	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0293895	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent KNOTTS, LINDA 5910 SE 127 LANE BELLEVUE FL 34420				10. Name and Address of New Registered Agent 81 Name <u>N/A</u> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <u>FL</u> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOTTS, LINDA	1.2 NAME	
STREET ADDRESS	5910 SE 127 LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE FL 34420	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOTTS, REUBEN	2.2 NAME	
STREET ADDRESS	5910 SE 127 LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE FL 34420	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, MARGARET T.	3.2 NAME	
STREET ADDRESS	2009 NE 52RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, MARIANE	4.2 NAME	
STREET ADDRESS	P.O. BOX 3884 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 32676	4.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZPATRICK, MAXINE	5.2 NAME	
STREET ADDRESS	2401 NE 19TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered

SIGNATURE [Signature] **REQUIRED**
SIGNATURE AND TYPED OF: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

Date

352-307-9600

Daytime Phone #

CR2E037 (11/98)