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NONPROFIT CORPORATION ANNUAL REPORT

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	Mailing Address
5910 SE 127 LANE BELLEVIEW FL 34420	P O BOX 3475 BELLEVIEW FL 34421 US

[redacted]

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

3. Date Incorporated or Qualified: 10/07/1991

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

9. Name and Address of Current Registered Agent

KNOTTS, LINDA
5910 SE 127 LANE
BELLEVIEW FL 34420

10. Name and Address of New Registered Agent

81 Name: N/A

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KNOTTS, LINDA		1.2 NAME	
STREET ADDRESS	5910 SE 127 LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL 34420		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KNOTTS, REUBEN		2.2 NAME	
STREET ADDRESS	5910 SE 127 LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL 34420		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ 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	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, MARIANE		4.2 NAME	
STREET ADDRESS	P.O. BOX 3884 N/A		4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 32678		4.4 CITY-ST-ZIP	
TITLE	ASD	☐ DELETE	5.1 TITLE	☐ Change ☐ 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		☐ DELETE	6.1 TITLE	☐ Change ☐ 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: Linda R. Knotts — 4/30/00 — 352-307-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #