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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:01

DOCUMENT # N47536 (0)

1. Corporation Name

FLORIDA ASSOCIATION OF ADOPTION LAWYERS, INC.

Principal Place of Business	Mailing Address
1214 EAST CONCORD STREET ORLANDO FL 32803	1214 EAST CONCORD STREET ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1992
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-3107660 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

JACOBS, DONALD F.
1214 EAST CONCORD STREET
ORLANDO FL 32803

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	JACOBS, DONALD F.	1.2 NAME		
STREET ADDRESS	1214 E. CONCORD ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	DS	2.1 TITLE	D/VP	☒ Change ☐ Addition
NAME	JACOBS, PENNY K.	2.2 NAME		
STREET ADDRESS	1214 E. CONCORD ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	~~-DVP-~~	3.1 TITLE		☒ Change ☐ Addition
NAME	~~-GRASS, MIKAL W.-~~	3.2 NAME		
STREET ADDRESS	~~-142 MINUTEMAN CSWY~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~-COCOA BEACH FL-~~	3.4 CITY-ST-ZIP		
TITLE	DTVP	4.1 TITLE	D/T	☒ Change ☐ Addition
NAME	SCHAEFER, PAUL N.	4.2 NAME		
STREET ADDRESS	2735 W. SR 434, #1	4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	D/S	☐ Change ☒ Addition
NAME		5.2 NAME	Linda Barnby	
STREET ADDRESS		5.3 STREET ADDRESS	200 W. Welbourne Avenue	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE		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 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)(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.

SIGNATURE: [signature] DONALD F. JACOBS, President 2/26/95 (407) 896-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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