

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 # **N47536** (0)  
1. Corporation Name  
**FLORIDA ASSOCIATION OF ADOPTION LAWYERS, INC.**



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

3. Date Incorporated or Qualified <b>02/10/1992</b>	3a. Date of Last Report <b>03/22/1995</b>
4. FEI Number <b>59-3107660</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	DP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACOBS, DONALD F.</b>	12 NAME	
STREET ADDRESS	<b>1214 E. CONCORD ST.</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	14 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	21 TITLE	<b>D V P S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACOBS, PENNY K.</b>	22 NAME	
STREET ADDRESS	<b>1214 E. CONCORD ST.</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	24 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	31 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARNBY, LINDA</b>	32 NAME	
STREET ADDRESS	<b>200 W. WELBOURNE AVE</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	34 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHAEFER, PAUL N.</b>	42 NAME	
STREET ADDRESS	<b>2735 W. SR 434, #1</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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:

**Donald F. Jacobs, President 1/25/96 407/896-9400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)