

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 13, 1999 8:00 am  
Secretary of State

05-13-1999 90037 001 \*\*\*\*61.25

DOCUMENT # N47536

1. Corporation Name

FLORIDA ASSOCIATION OF ADOPTION LAWYERS, INC.

Principal Place of Business

~~1214 EAST CONCORD STREET~~  
~~ORLANDO FL 32803~~

660 E. Jefferson St.  
Tallahassee, FL 32301

Mailing Address

~~1214 EAST CONCORD STREET~~  
~~ORLANDO FL 32803~~

660 E Jefferson St.  
Tallahassee, FL 32301



2. Principal Place of Business

21 660 E Jefferson St

Suite, Apt. #, etc.

22

23 Tallahassee FL

24 32301 25 USA

2a. Mailing Address

26 660 E Jefferson St

Suite, Apt. #, etc.

27

28 Tallahassee FL

29 32301 30 USA

3. Date Incorporated or Qualified

02/10/1992

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

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 Madonna Finney Elliott

82 Street Address (P.O. Box Number is Not Acceptable)  
660 E Jefferson St

83

84 City Tallahassee FL 85 Zip Code 32301

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

*Madonna Finney Elliott*

Madonna Finney Elliott, President

2/1/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~DP~~ ☒ DELETE  
NAME JACOBS, DONALD F.  
STREET ADDRESS ~~1214 E. CONCORD ST.~~  
CITY-ST-ZIP ~~ORLANDO FL~~

TITLE ~~DVPS~~ ☒ DELETE  
NAME ~~BARBY, LINDA~~  
STREET ADDRESS ~~1681 MAITLAND AVE~~  
CITY-ST-ZIP ~~MAITLAND FL~~

TITLE ~~DT~~ ☒ DELETE  
NAME ~~SCHAEFER, PAUL N.~~  
STREET ADDRESS ~~1220 DOUGLAS AVE, STE 105B~~  
CITY-ST-ZIP ~~LONGWOOD FL~~

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☐ Change ☒ Addition  
1.2 NAME Madonna Finney Elliott  
1.3 STREET ADDRESS 660 E. Jefferson St.  
1.4 CITY-ST-ZIP Tallahassee FL 32301

2.1 TITLE ~~DVPS~~ ☒ Change ☐ Addition  
2.2 NAME ~~BARBY, LINDA~~  
2.3 STREET ADDRESS ~~1681 MAITLAND AVE~~  
2.4 CITY-ST-ZIP ~~MAITLAND FL~~

3.1 TITLE DTS ☐ Change ☒ Addition  
3.2 NAME Robinson R. Harrell  
3.3 STREET ADDRESS 3 Clifford Dr  
3.4 CITY-ST-ZIP Shalimar, FL 32579

4.1 TITLE DVP ☐ Change ☒ Addition  
4.2 NAME Linda McIntyre  
4.3 STREET ADDRESS 98 SE Sixth Ave, Suite 1  
4.4 CITY-ST-ZIP Delray Beach, FL 33483

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Madonna Finney Elliott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)