


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N47536 1. Entity Name FLORIDA ASSOCIATION OF ADOPTION LAWYERS, INC.	
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Principal Place of Business 3 CLIFFORD DRIVE SHALIMAR, FL 32579	Mailing Address 3 CLIFFORD DRIVE SHALIMAR, FL 32579
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DO NOT WRITE IN THIS SPACE



04182006 No Chg-NP CRZE037 (11/05)

4. FEI Number 59-3107660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARRELL, ROBISON R 3 CLIFFORD DRIVE SHALIMAR, FL 32579	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS HARRELL, ROBISON R 3 CLIFFORD DR SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MC INTYRE, LINDA 98 SE SIXTH AVE., STE 1 DELRAY BCH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT, MADONNA F 660 E JEFFERSON ST TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/04/06-80007-004 61.25

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, or in any other like empowered.

SIGNATURE: 	4/18/06 8507051-1111 <small>Date Daytime Phone #</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	