

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 # N92000000395 (5)

1. Corporation Name

ADOPTION AGENCY OF CENTRAL FLORIDA, INC.



Principal Place of Business

1681 N MAITLAND AVE
200 W WELBORNE AVE
SUITE 5
WINTER PARK FL 32789
MAITLAND FL 32751

Mailing Address

P.O. BOX 1840
SUITE 5
WINTER PARK FL 32790

3. Date Incorporated or Qualified
11/19/1992

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 1681 N MAITLAND AVE

26

4. FEI Number

59-3185350

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 MAITLAND, FL

28

Zip Country

Zip Country

24 32751

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNBY, LINDA J
200 W. MELBOURNE AVE.
STE. 6
WINTER PARK FL 32790

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 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

TITLE PD ☐ DELETE
NAME BARNBY, E.W.
STREET ADDRESS 3217 HEARTWOOD AVE.
CITY-ST-ZIP WINTER PARK FL 32790

TITLE VSTD ☐ DELETE
NAME CURTO, MICHAEL W
STREET ADDRESS 740 WILLIAMS DR.
CITY-ST-ZIP WINTER PARK FL

TITLE VD ☐ DELETE
NAME BARNBY, BILLIE
STREET ADDRESS 3217 HEARTWOOD AVE.
CITY-ST-ZIP WINTER PARK FL 32790

TITLE D ☐ DELETE
NAME HAYMAN, JANE C.
STREET ADDRESS 1020 PINE STREET
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☐ DELETE
NAME MEADORS, BEVERLY
STREET ADDRESS 1965 KING ARTHUR CIRCLE
CITY-ST-ZIP MAITLAND FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

812 GRANVILLE DRIVE
WINTER PK FL 32789

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

812 GRANVILLE DRIVE
WINTER PK FL 32789

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)