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Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

1681 N MAITLAND AVENUE
MAITLAND FL 32751
USP.O. BOX 1840
SUITE 5
WINTER PARK FL 32780-18403. Date Incorporated or Qualified
11/19/19923a. Date of Last Report
02/28/19964. FEI Number
59-3185350Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ 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

Country

28 Zip

Country

24

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29

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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 BARNBY, LINDA J.

82 Street Address (P.O. Box Number is Not Acceptable)
1681 MAITLAND AVENUE

83

84 City MAITLAND

FL

85 Zip Code 32751

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 PD
NAME BARNBY, E.W.
STREET ADDRESS 812 GRANVILLE DRIVE
CITY-ST-ZIP WINTER PARK FL ☐ DELETETITLE VSTD
NAME CURTO, MICHAEL W
STREET ADDRESS 740 WILLIAMS DR.
CITY-ST-ZIP WINTER PARK FL ☐ DELETETITLE VD
NAME BARNBY, BILLIE
STREET ADDRESS 812 GRANVILLE DRIVE
CITY-ST-ZIP WINTER PARK FL ☐ DELETETITLE D
NAME HAYMAN, JANE C.
STREET ADDRESS 1020 PINE STREET
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ DELETETITLE D
NAME MEADORS, BEVERLY
STREET ADDRESS 1985 KING ARTHUR CIRCLE
CITY-ST-ZIP MAITLAND FL ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0018323

CR2E037 (9/96)