FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY 10 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000005160 (7)**

1. Corporation Name

ADOPT-A-FAMILY OF HIGHLANDS COUNTY, INC.

Principal Place of Business	Mailing Address
615 MANOR CIRCLE SEBRING FL 33872	615 MANOR CIRCLE SEBRING FL 33872

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1993

3a. Date of Last Report: 06/14/1994

4. FEI Number: 65-0451774 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

WHITEHOUSE, J. WENDELL
445 S. COMMERCE AVE.
SEBRING FL 33870

10. Name and Address of New Registered Agent

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 607.0501 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature of New Registered Agent, if changed) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	DPVS	1 TITLE	☐ Change ☐ Addition
1 NAME	WOODRUFF, KATHY A	1 NAME	
1 STREET ADDRESS	615 MANOR CIRCLE	1 STREET ADDRESS	
1 CITY ST ZIP	SEBRING FL 33872	1 CITY ST ZIP	
2 TITLE	CM	2 TITLE	☐ Change ☐ Addition
2 NAME	WOODRUFF, KATHY	2 NAME	
2 STREET ADDRESS	615 MANOR CIRCLE	2 STREET ADDRESS	
2 CITY ST ZIP	SEBRING FL	2 CITY ST ZIP	
3 TITLE	T	3 TITLE	☐ Change ☐ Addition
3 NAME	WOODRUFF, MARILYN	3 NAME	
3 STREET ADDRESS	2862 PALO VEROLE DR	3 STREET ADDRESS	
3 CITY ST ZIP	AVON PARK FL	3 CITY ST ZIP	
4 TITLE	T	4 TITLE	☐ Change ☐ Addition
4 NAME	WOODRUFF, FRANK	4 NAME	
4 STREET ADDRESS	2862 PALO VEROLE DR	4 STREET ADDRESS	
4 CITY ST ZIP	AVON PARK FL	4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely true and correct, and 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 above, or on an attachment with an address.

SIGNATURE: Kathy Woodruff — 5/1/95 — 8133855454

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

00088376