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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 SEP 23 AM 8:11
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

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

3a. Date of Last Report: **05/18/1995**

2. Principal Place of Business — 21: 1818 BEACH DRIVE 33870 — 22: Suite, Apt. #, etc. — 23: City & State: Sebring FL — 24: Zip: 33870 — 25: Country: US

2a. Mailing Address — 26: 1818 BEACH DR. SEBRING 33870 — 27: Suite, Apt. #, etc. — 28: City & State: Sebring FL — 29: Zip: 33870 — 30: Country: US

4. FEI Number: **65-0451774** ☐ 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

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 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: _____ DATE: 5/1/96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPVS WOODRUFF, KATHY A 615 MANOR CIRCLE SEBRING FL 33872	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 100001975181 U 10/15/96-01226-016 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CM WOODRUFF, KATHY 615 MANOR CIRCLE SEBRING FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WOODRUFF, MARILYN 2862 PALO VEROLE DR AVON PARK FL passed over 4/18/96	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition MWB 10-9-96
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WOODRUFF, FRANK 2862 PALO VEROLE DR AVON PARK FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T woodruff, Kathy 1818 BEACH DRIVE SEBRING, FL 33870	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (12/95)

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: _____ 5/1/96 941-471-9026

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