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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002797 (7)**

1. Corporation Name

**PEOPLE ADOPTING CHILDREN EVERYWHERE, INC.**



Principal Place of Business <b>874 SPIREA DR ROCKLEDGE FL 32955</b>	Mailing Address <b>P.O. BOX 560293 ROCKLEDGE FL 32956-0293</b>
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3. Date Incorporated or Qualified <b>06/06/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-2885845</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAVIN, PATRICK D  
874 SPIREA DR  
ROCKLEDGE FL 32955**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<b>SD</b>
NAME	<b>GAVIN, PATRICK D</b>	1.2 NAME	<b>Little, Susan</b>
STREET ADDRESS	<b>874 SPIREA DR</b>	1.3 STREET ADDRESS	<b>946 Tape St</b>
CITY - ST - ZIP	<b>ROCKLEDGE FL 32955</b>	1.4 CITY - ST - ZIP	<b>Cocoa FL 32927</b>
TITLE	TD	2.1 TITLE	<b>D</b>
NAME	<b>GAVIN, HILLARY</b>	2.2 NAME	<b>Jerko, Lori</b>
STREET ADDRESS	<b>874 SPIREA DR</b>	2.3 STREET ADDRESS	<b>253 E. Oak Dr</b>
CITY - ST - ZIP	<b>ROCKLEDGE FL 32955</b>	2.4 CITY - ST - ZIP	<b>Satellite Beach</b>
TITLE	SD	3.1 TITLE	<b>VD</b>
NAME	<b>LEE, DENISE</b>	3.2 NAME	<b>Lee, Denise</b>
STREET ADDRESS	<b>1738 S PARK AVE</b>	3.3 STREET ADDRESS	<b>1738 S Park Ave</b>
CITY - ST - ZIP	<b>TITUSVILLE FL</b>	3.4 CITY - ST - ZIP	<b>Titusville FL 32780</b>
TITLE	VD	4.1 TITLE	<b>D</b>
NAME	<b>DOLLBERG, SUE</b>	4.2 NAME	<b>Dollberg, Sue</b>
STREET ADDRESS	<b>318 W OSCEOLA LANE</b>	4.3 STREET ADDRESS	<b>386 Osceola Lane</b>
CITY - ST - ZIP	<b>COCOA BEACH FL</b>	4.4 CITY - ST - ZIP	<b>Cocoa Beach FL 32931</b>
TITLE	D	5.1 TITLE	<b>D</b>
NAME	<b>HERMANN, GINNY</b>	5.2 NAME	<b>Hodge, Christy</b>
STREET ADDRESS	<b>4014 DEWBERRY CIR</b>	5.3 STREET ADDRESS	<b>8200 Haver Ct</b>
CITY - ST - ZIP	<b>ROCKLEDGE FL 32955</b>	5.4 CITY - ST - ZIP	<b>Rockledge FL 32955</b>
TITLE	D	6.1 TITLE	
NAME	<b>GROPPEL, PAUL</b>	6.2 NAME	
STREET ADDRESS	<b>1155 JERICO AVE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PALM BAY FL</b>	6.4 CITY - ST - ZIP	

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: *Susan Little* **RESUBMITTED** 4-22-97 407-967-9896  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020310

CR2E037 (9/96)