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FILED  
May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</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 580293 ROCKLEDGE FL 32956-0293</b>
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3. Date Incorporated or Qualified

**06/08/1995**

4. FEI Number

**59-2885845**

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ 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

**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

1.1 TITLE ☐ DELETE

NAME **PD  
GAVIN, PATRICK D**  
STREET ADDRESS **874 SPIREA DR**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

1.2 TITLE ☐ DELETE

NAME **TD  
GAVIN, HILLARY**  
STREET ADDRESS **874 SPIREA DR**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

1.3 TITLE ☒ DELETE

NAME **VD  
LEE, DENISE**  
STREET ADDRESS **1738 S PARK AVE**  
CITY-ST-ZIP **TITUSVILLE FL**

1.4 TITLE ☐ DELETE

NAME **D  
DOLLBERG, SUE**  
STREET ADDRESS **318 W. OSCEOLA LANE**  
CITY-ST-ZIP **COCOA BEACH FL**

1.5 TITLE ☐ DELETE

NAME **D  
HODGE, CHRISTY**  
STREET ADDRESS **820 HENOVER CT.**  
CITY-ST-ZIP **ROCKLEDGE FL**

1.6 TITLE ☒ DELETE

NAME **D  
JARKO, LORI**  
STREET ADDRESS **258 E. OAK DR.**  
CITY-ST-ZIP **SATELLITE BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME **VD  
HODGE, CHRISTY**  
STREET ADDRESS **830 HENOVER CT.**  
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

2.1 TITLE ☐ Change ☒ Addition

NAME **D  
KOPP, TAMMY**  
STREET ADDRESS **6151 ISLA ST.**  
CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

3.1 TITLE ☐ Change ☒ Addition

NAME **SD  
EDMONDS, SHELLEY**  
STREET ADDRESS **30 E. POINCIANA DR**  
CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I 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:

*Patrick D. Gavin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Patrick D. Gavin**

Date

**4/23/98**

Daytime Phone #

**407-639-8895**

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