

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000002832 (2)

1. Corporation Name

ADOPTION CONSULTANTS, INC.



Principal Place of Business

Mailing Address

501 GOODLETTE ROAD NORTH SUITE A-210  
NAPLES FL 33963

501 GOODLETTE ROAD NORTH SUITE A-210  
NAPLES FL 33963

3. Date Incorporated or Qualified

06/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

APPLIED FOR

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

10. Name and Address of New Registered Agent

MARNELL, MARY A  
5551 RIDGEWOOD DRIVE SUITE 201  
NAPLES FL 33963

81. Name

SAME

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

5811 Pelican Bay Blvd

83

Suite 210

84. City

Naples

FL

85. Zip Code

33963

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

Mary Marnell

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
PTD  
MARNELL, MARY A  
STREET ADDRESS  
5551 RIDGEWOOD DR SUITE 201  
CITY-ST-ZIP  
NAPLES FL 33963

11. TITLE

Vice-President, Secretary, Director

12. NAME

MARY A. MARNELL

13. STREET ADDRESS

5811 Pelican Bay Blvd., Suite 210

14. CITY-ST-ZIP

Naples, FL 33963

TITLE ☐ DELETE

NAME  
VSD  
GERSTEN, RICHARD B  
STREET ADDRESS  
501 GOODLETTE ROAD NORTH SUITE A-210  
CITY-ST-ZIP  
NAPLES FL 33940

21. TITLE

President, Treasurer, Director

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
D  
EPPSTEINER, FRED  
STREET ADDRESS  
501 GOODLETTE ROAD NORTH SUITE A-210  
CITY-ST-ZIP  
NAPLES FL 33940

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

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:

Mary Marnell

Date

Daytime Phone

941-566-1221

CR2E037 (12/95)