

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000004852

1. Entity Name
ONE WORLD ADOPTION SERVICES, INC.



Principal Place of Business
**400 FAIRWAY DR
SUITE 107
DEERFIELD BEACH, FL 33441 US**

Mailing Address
**400 FAIRWAY DR
SUITE 107
DEERFIELD BEACH, FL 33441 US**



04212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0619159

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KASKY, ROBERT A
6096 NW 22ND AVE
BOCA RATON, FL 33496**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JORDAK, RICHARD R.
STREET ADDRESS	9680 ENCHANTED POINTE LANE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	DVS
NAME	KASKY, JEFFREY A
STREET ADDRESS	4421 WOODFILL BLVD
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	DPT
NAME	KASKY, ROBERT A
STREET ADDRESS	6096 NW 22ND AVE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D
NAME	DANZANSKY, CAROLYN
STREET ADDRESS	6367 NW 26TH TERRACE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D
NAME	KAHAN, DAVID
STREET ADDRESS	2699 STIRLING RD., SUITE B-100
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	D
NAME	ROBERTS, SUSAN
STREET ADDRESS	3642 SW 25 TERRACE
CITY-ST-ZIP	MIAMI, FL 33133

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05/04/04-80093-024 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-04 9545962227