


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000000238 1. Entity Name CENTER FOR ADOPTION REFORM AND EDUCATION, INC.	
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Principal Place of Business 1122 MARCO PLACE JACKSONVILLE, FL 32207	Mailing Address 1122 MARCO PLACE JACKSONVILLE, FL 32207
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01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3361521	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHNSON, MOLLY 1122 MARCO PLACE JACKSONVILLE, FL 32207
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**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 reinstating) 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	JOHNSON, MOLLY
STREET ADDRESS	1122 MARCO PL
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	LEE, CHRIS
STREET ADDRESS	2109 E PROVIDENCE DR
CITY-ST-ZIP	CHARLOTTE, NC
TITLE	D
NAME	BROWN, DIRICK
STREET ADDRESS	306 OVERHILL DR
CITY-ST-ZIP	LEXINGTON, VA
TITLE	D
NAME	STANFORD, SHELIA
STREET ADDRESS	RT 1 BOX 244
CITY-ST-ZIP	WALDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

010000000855
01/08/04-80015-015 61.25

**DO NOT WRITE
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: Molly Johnson 1-7-04 904-398-4264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #