

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000000238

1. Entity Name
CENTER FOR ADOPTION REFORM AND EDUCATION, INC.



Principal Place of Business
**1122 MARCO PLACE
JACKSONVILLE, FL 32207**

Mailing Address
**1122 MARCO PLACE
JACKSONVILLE, FL 32207**



03182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3361521

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, MOLLY
1122 MARCO PLACE
JACKSONVILLE, FL 32207**

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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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000290702
04/06/05-80078-012 61.25

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	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Molly Johnson **MOLLY JOHNSON** 4/5/05 904-388-4124