


**• 2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 08, 2006 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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DO NOT WRITE IN THIS SPACE



01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3361521	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000425093 02/18/06-80080-009 61.25
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10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 MOLLY JOHNSON 2/2/06 904-398-4269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #