

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000238

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** CENTER FOR ADOPTION REFORM AND EDUCATION, INC.

**Current Principal Place of Business:**

1122 MARCO PLACE  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1122 MARCO PLACE  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 59-3361521

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, MOLLY C MS.  
1122 MARCO PLACE  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: JOHNSON, MOLLY  
Address: 1122 MARCO PL  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D  
Name: LEE, CHRIS  
Address: 2109 E PROVIDENCE DR  
City-St-Zip: CHARLOTTE, NC 28270 US

Title: D  
Name: STANFORD, SHELIA  
Address: RT 1 BOX 244  
City-St-Zip: WALDO, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MOLLY JOHNSON

DIR

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date