


**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90007 007 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000005074</b>					
1. Corporation Name <b>ADOPTION TASK FORCE OF SOUTHWEST FLORIDA, INC.</b>					
Principal Place of Business 2121 COUNTY ROAD 951 SUITE 101 GOLDEN GATE FL 34116 US			Mailing Address 2121 COUNTY ROAD 951 SUITE 101 GOLDEN GATE FL 34116 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country		3. Date Incorporated or Qualified <b>10/02/1996</b>	
21 22 23 24		26 27 28 29		4. FEI Number <b>59-3396237</b> Applied For <input type="checkbox"/> Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>STORTER, SUSAN J.</b> <b>2121 COUNTY ROAD 951</b> <b>SUITE 101</b> <b>GOLDEN GATE FL 34116</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	VD	DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	STORTER, SUSAN J. Director		1.1 TITLE	Theresa Lamurni	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2121 COUNTY ROAD 951, SUITE 101		1.2 NAME	6211 18th AVE NW	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	GOLDEN GA 34116		1.3 STREET ADDRESS	Naples FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD	DELETE	1.4 CITY-ST-ZIP		
NAME	CARTER, JOAN		2.1 TITLE		
STREET ADDRESS	3130 KINGS LAKE BLVD		2.2 NAME		
CITY-ST-ZIP	NAPLES FL 34112		2.3 STREET ADDRESS		
TITLE	SD	DELETE	2.4 CITY-ST-ZIP		
NAME	STEWART, DANEILLE D CLACFL		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5681 12TH AVENUE, NW		3.2 NAME		
CITY-ST-ZIP	NAPLES FL 34119		3.3 STREET ADDRESS		
TITLE	TD	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, DANEILLE		4.1 TITLE		
STREET ADDRESS	5681 12TH AVE, NW		4.2 NAME		
CITY-ST-ZIP	NAPLES FL 34119		4.3 STREET ADDRESS		
TITLE	SD	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTRY, CHERYL		5.1 TITLE		
STREET ADDRESS	12944 THIRD ST, SE		5.2 NAME		
CITY-ST-ZIP	FORT MYRS FL 33905		5.3 STREET ADDRESS		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINK, JOYCE		6.1 TITLE		
STREET ADDRESS	1495 MAPLE STREET		6.2 NAME		
CITY-ST-ZIP	FORT MYERS FL 33907		6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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 #

CR2E037 (5/99)