

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90002 029 \*\*\*\*61.25

**DOCUMENT # N96000005074**

1. Entity Name  
**ADOPTION TASK FORCE OF SOUTHWEST FLORIDA,  
INC.**



Principal Place of Business  
**6211-18TH AVE NW  
NAPLES, FL 34119 US**

Mailing Address  
**6211-18TH AVE NW  
SUITE 101  
NAPLES, FL 34119 US**

**04024322**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3396237**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THERESA, AMURRI  
6211 - 18TH AVE NW  
GOLDEN GATE, FL 34116**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **POVPD** ☐ Delete  
NAME **IAMURRI, THERESA**  
STREET ADDRESS **6211 18TH AVE NW**  
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **CARTER, JOAN**  
STREET ADDRESS **3430 KINGS LAKE BLVD**  
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE ☒ Change ☐ Addition  
NAME **2081 W. Crown Pointe Blvd.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPB PD** ☐ Delete  
NAME **STEWART, DANEILLE D CLA,CFL**  
STREET ADDRESS **5681 12TH AVENUE, NW**  
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **BISOGNO, JUDY**  
STREET ADDRESS **900 5TH AVE. N.**  
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **STORTER, SUSAN J**  
STREET ADDRESS **11925 COLLIER BLVD., #101**  
CITY-ST-ZIP **NAPLES, FL 34116**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **COLLINS, KEVIN DR**  
STREET ADDRESS **11181 HEALTH PARK BLVD.**  
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-26-04**

Date

**239-775-7534**

Daytime Phone #