


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N98Q00001455 1. Entity Name ADOPTION SOURCE, INC.	
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Principal Place of Business 6401 CONGRESS AV 205 BOCA RATON, FL 33487 US	Mailing Address 6401 CONGRESS AV 205 BOCA RATON, FL 33487 US
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**DO NOT WRITE IN THIS SPACE**



07202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0876411	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

SCOTT, JILL  
6401 CONGRESS AV 205  
BOCA RATON, FL 33487

**DO NOT WRITE  
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: *Jeannette Cohen* *Executive Director* 7/21/04  
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 September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCOTT, JILL 661 SW 15TH ST BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAGLIARDI, DIANE 400 PALM CIRCLE WEST, SUITE #101 PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT DOBBELAER, AVRIL 6401 CONGRESS AV BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DOBBELAER, RITA N 829 CAMINO GARDENS LANE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COHEN, JEANNETTE 6900 NW 7TH STREET PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000168129  
07/26/04-80001-010 61.25

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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 titles empowered.

SIGNATURE: *Jeannette Cohen* *Executive Director* *del.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 7/21/04 Daytime Phone: 912-3229