2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003780

FILED Jan 08, <u>2007</u> Secretary of State

Entity Name: INTERCOUNTRY ADOPTION CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 7204 13TH AVENUE WEST BRADENTON, FL 34209 **Current Mailing Address: New Mailing Address:** 7204 13TH AVENUE WEST BRADENTON, FL 34209 FEI Number: 65-0863734 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RIPP, MICHELLE A 7204 13TH AVENUE WEST BRADENTON, FL 34209 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RIPP. MICHELLE Name: Name: 7204 13TH AVE W Address: Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: KOELBL, FRANK Name: Address: 7204 13TH AVE. W Address: City-St-Zip: BRADENTON, FL 34209 City-St-Zip: Title: () Delete Title: (X) Change () Addition FINLEY, KATHY L Name: BARDELL, KATHY L Name: 2661 LOVERS LANE RD. 2661 LOVERS LANE RD. Address: Address: City-St-Zip: DODGEVILLE, WI 53533 City-St-Zip: DODGEVILLE, WI 53533 () Delete Title: Title: () Change () Addition Name: RIPP, MARY Name: 610 N. WESTFIELD ROAD Address: Address: City-St-Zip: MADISON, WI 53719 City-St-Zip: Title: () Delete Title: () Change () Addition KOELBL, ADAM A Name: Name: 4909 HOB STREET Address: Address: City-St-Zip: MADISON, WI 53716 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHELLE A. RIPP DIR 01/08/2007