


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90160 008 \*\*\*\*61.25

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<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 # N98000005833</b>																																																																													
1. Corporation Name <b>ADOPTION OUTREACH, INC.</b>																																																																													
Principal Place of Business <b>2130 W BRANDON BLVD. STE 101          BRANDON FL 33511</b>			Mailing Address <b>2130 W BRANDON BLVD. STE 101          BRANDON FL 33511</b>																																																																										
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>10/12/1998</b>																																																																									
22 23 24		27 28 29		4. FEI Number <b>59-3538628</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																									
9. Name and Address of Current Registered Agent <b>GREENWOOD, MARY L ESO          2130 W BRANDON BLVD, STE 101          BRANDON FL 33511</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: _____																																																																													
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**LISA LEVINE**  
**15904 Ellsworth Drive**  
**Tampa, FL 33647**

**Resigned Nov. 1998**

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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:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)