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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:07

DOCUMENT # **P37542** **(8)**

1. Corporation Name

NORTH AMERICAN COUNCIL ON ADOPTABLE CHILDREN, IN C.

Principal Place of Business	Mailing Address
970 RAYMOND AVE STE 106 ST. PAUL MN 55114-1149 US	970 RAYMOND AVE STE 106 ST. PAUL MN 55114-1149 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1992
3a. Date of Last Report: 03/30/1994
4. FEI Number: 51-0188951 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

KREITZ, GAIL
611 NORTHWEST 45TH AVENUE
COCONUT CREEK FL 33066

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D WEST, LINDA 430 FORREST AVENUE JACKSON MS	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D HOLMES, BARBARA 2 PEACHTREE ST NW RM 13-310 ATLANTA GA	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition V/D Clara Flores Route 2, Box 177-F Edinburg, TX 78539
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D KRIPPNER, PAT 301 NO. BOMPART ST LOUIS MO	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition S/D Robert Simpson 1055 Grayview Court Cincinnati, OH 45224
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D ELLINGSON, COLLEEN 1549 NORTH 51ST STREET MILWAUKEE WI	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KROLL, JOE 970 RAYMOND AVE STE 106 ST PAUL MN	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Joe Kroll Executive Director 3-7-95 (612) 644-3036
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0074482