FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 02/17/1992
3a. Date of Last Report: 03/27/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 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 _____ 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WEST, LINDA		1.2 NAME		
STREET ADDRESS	430 FORREST AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FLORES, CLARA		2.2 NAME		
STREET ADDRESS	ROUTE 2 BOX 177-F		2.3 STREET ADDRESS		
CITY-ST-ZIP	EDINBURG TX		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SIMPSON, ROBERT		3.2 NAME		
STREET ADDRESS	1055 GRAYVIEW COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	TD(acting)	☐ Change ☒ Addition
NAME	ELLINGSON, COLLEEN		4.2 NAME	Moses Gray	
STREET ADDRESS	1549 NORTH 51ST STREET		4.3 STREET ADDRESS	1631 Kessler Blvd., West Drive	
CITY-ST-ZIP	MILWAUKEE WI		4.4 CITY-ST-ZIP	Indianapolis, IN 46208	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KROLL, JOE		5.2 NAME		
STREET ADDRESS	970 RAYMOND AVE STE 106		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PAUL MN		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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 Dir., Joe Kroll Apr. 30, 1996 (612) 644-3036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #