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May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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: 05/01/1996
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

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1 1 TITLE	PD	☒ Change ☐ Addition
NAME	WEST, LINDA		1 2 NAME	Rev. Wilbert Talley	
STREET ADDRESS	430 FORREST AVENUE		1 3 STREET ADDRESS	10250 Glendye Rd.	
CITY-ST-ZIP	JACKSON MS		1 4 CITY-ST-ZIP	Richmond, VA 23235	
TITLE	VD	☐ DELETE	2 1 TITLE	VD	☒ Change ☐ Addition
NAME	FLORES, CLARA		2 2 NAME	Robert Simpson	
STREET ADDRESS	ROUTE 2 BOX 177-F		2 3 STREET ADDRESS	1055 Grayview Court	
CITY-ST-ZIP	EDINBURG TX		2 4 CITY-ST-ZIP	Cincinnati, OH 45224	
TITLE	SD	☐ DELETE	3 1 TITLE	SD	☒ Change ☐ Addition
NAME	SIMPSON, ROBERT		3 2 NAME	Nancy Umbach	
STREET ADDRESS	1055 GRAYVIEW COURT		3 3 STREET ADDRESS	1291 Kitchener Avenue	
CITY-ST-ZIP	CINCINNATI OH		3 4 CITY-ST-ZIP	Ottawa, ON K1V 6W3	
TITLE	TD	☐ DELETE	4 1 TITLE	TD	☒ Change ☐ Addition
NAME	GRAY, MOSES		4 2 NAME	Peter Power	
STREET ADDRESS	1631 KESSLER BLVD., W. DR.		4 3 STREET ADDRESS	34 Dana Place	
CITY-ST-ZIP	INDIANAPOLIS IN		4 4 CITY-ST-ZIP	Amherst, MA 01002	
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		

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14. I do 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.

SIGNATURE: [signature] 5-30-97