

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90180 032 ****61.25

0087592

DOCUMENT # P37542

1. Entity Name

**NORTH AMERICAN COUNCIL ON ADOPTABLE CHILDREN, IN
C.**



Principal Place of Business

**970 RAYMOND AVE
STE 106
ST. PAUL MN 55114-1149
US**

Mailing Address

**970 RAYMOND AVE
STE 106
ST. PAUL MN 55114-1149
US**

2. Principal Place of Business

3. Mailing Address

4. Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **51-0188951**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **TALLEY, WILBERT REV**
STREET ADDRESS **10250 GLEN DYER ROAD**
CITY-ST-ZIP **RICHMOND VA 23235**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **DESERLY, KATHLEEN**
STREET ADDRESS **2270 SNOWDRIFT ROAD**
CITY-ST-ZIP **HELENA MT 59602**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **STEVENS, KIM**
STREET ADDRESS **504 DUDLEY ST 3RD FLOOR**
CITY-ST-ZIP **ROXBURY MA 02119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KROLL, JOE**
STREET ADDRESS **970 RAYMOND AVE, STE 106**
CITY-ST-ZIP **ST PAUL MN 55114**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **FIX, CHERYL**
STREET ADDRESS **805 FOUL BAY RD**
CITY-ST-ZIP **VICTORIA BC CN V8S- 4H6**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **AMERSON, RUTH**
STREET ADDRESS **3028 BEATTIES FORD RD**
CITY-ST-ZIP **CHARLOTTE NC 28216**

TITLE ☐ Change ☒ Addition
NAME **VD**
STREET ADDRESS **Blechner, Maris**
CITY-ST-ZIP **69-28 266 Street**
Glen Oaks, NY 11004

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
JOE KROLL

4/16/03

651-644-3036

CR2E037 (10/02)

**NORTH AMERICAN COUNCIL ON ADOPTABLE CHILDREN
BOARD OF DIRECTORS • APRIL 16, 2003**

attached 7005439
P3845

PRESIDENT

Kim Stevens

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VICE PRESIDENT

Maris Blechner

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Phyllis Stevens

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TREASURER

Cheryl Fix

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Todd Kwapisz

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