2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 11, 2005 08:00 AM Secretary of State **DOCUMENT # 756389** 1. Entity Name ADVOCATES, INCORPORATED Principal Place of Business Mailing Address 1500 4TH AVE W. BRADENTON FL 34205 1500 4TH AVE W. **BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State Applied For City & State 4. FEI Number 59-2107279 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEWART, TERRY 1500 WEST 4TH AVE Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34205** 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 DATE Signature, lyped or printed name of registered agent and title if epplicable (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD MILE Defete THEE ☐ Change ☐ AdditIon STEWART, TERRY NAME 1500 WEST 4TH AVE STREET ADDRESS STREET ADDRESS **BRADENTON FL** CHY-ST-ZIP CITY-ST-ZIP SD ☐ Change THE Delete 111114 Addition U00000297695 GILBANE, BARRY NAME NAME 04/11/05-80039-003 61,25 14 CHANNING RD STREET ADDRESS STREET ADDRESS WATERTOWN MA 02472 CHY-ST-ZIP CITY-ST-ZIP THEE ☐ Delete HILE ☐ Change Addition MALDONADO, JOHN 2421 BENTHENY ST STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 CITY-ST-Z(P C114-51-Z1P Delete HHE Change ☐ Additioл NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-78 Defete THLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI- AT HILE Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP QLTY-ST-ZIP

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 adopess, with all other like empowered.

SIGNATURE:

FILED