2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 27, 2007 08:00 All Secretary of State **DOCUMENT # 756389** 1. Entity Namo ADVOCATES, INCORPORATED Principal Place of Business Mailing Address 1500 4TH AVE W. 1500 4TH AVE W. **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State Applied For City & State 4. FEI Number 59-2107279 Not Applicable Zip Country Zip 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 STEWART, TERRY Street Address (P.O. Box Number is Not Acceptable) 1500 WEST 4TH AVE **BRADENTON FL 34205** City 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 purk egistored agent and little it applicable. (NOTE: Registered Appart signature required FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. П Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS; CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TIME IIIH. Change Addition PD ☐ Delete NAME NAMI STEWART, TERRY U00000738845 STREET ADDRESS STREET ADDRESS 1500 WEST 4TH AVE 05/14/07-80001-006 61.25 CITY-ST-7IP CHY-SI-ZIP **BRADENTON FL** ☐ Delete Change Addition HILE 11111 NAME NAME GILBANE, BARRY STREET ADORESS STREET ADDRESS 14 CHANNING RD CITY-ST-7IP CHY-S1-ZIP WATERTOWN MA 02472 Detete □ Change ■ Addition HILL HILE NAME NAME MALDONADO, JOHN STREET ADDRESS STREET AUDIR SS 2421 BENTHENY ST CITY-S1+7/P CHY-SI-ZIP SARASOTA FL 34239 ☐ Delete TITLE Change Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7/P CHY-SI-ZIP ☐ Delete TITU TITLE Change Addition NAME. NAME STREET ADDRESS STREEL ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Defete TITLE Change ☐ Addition TILLE NAME. NAME STREET ADDRESS STREET ADORESS CHY-ST-ZIP CITY-ST-ZIP I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath, that I am an efficer 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

all other like empowered.

if changed, or on an attachment with an address, Aith

SIGNATURE