

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 27, 2006
Secretary of State**

DOCUMENT# N00000005046

Entity Name: COPS FOR KIDS - TALLAHASSEE, INC.

Current Principal Place of Business:

POST OFFICE BOX 245
TALLAHASSEE, FL 32302

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 245
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-3617530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SMITH, ANTHONY J
3510 BANKHEAD
TALLAHASSEE, FL 32306 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, ANTHONY J
Address: POST OFFICE BOX 245
City-St-Zip: TALLAHASSEE, FL 32302

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: GUIDRY, KEVIN P
Address: POST OFFICE BOX 245
City-St-Zip: TALLAHASSEE, FL 32302

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD () Delete
Name: PATE, DAVID M
Address: POST OFFICE BOX 245
City-St-Zip: TALLAHASSEE, FL 32302

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M. PATE

STD

08/27/2006

Electronic Signature of Signing Officer or Director

Date