

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 04, 2008  
Secretary of State**

DOCUMENT# N00000005046

Entity Name: COPS FOR KIDS - TALLAHASSEE, INC.

**Current Principal Place of Business:**

3510 BANKHEAD CT  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

1165 SUMMERBROOKE DRIVE  
TALLAHASSEE, FL 32312 US

**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 ( )

**Name and Address of Current Registered Agent:**

SMITH, ANTHONY J  
3510 BANKHEAD CT  
TALLAHASSEE, FL 32309 US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: SMITH, ANTHONY J  
Address: 3510 BANKHEAD CT  
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: STD ( ) Delete  
Name: PATE, DAVID M  
Address: 1165 SUMMERBROOKE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: D ( ) Change (X) Addition  
Name: FERRELL, DAVID  
Address: PO BOX 245  
City-St-Zip: TALLAHASSEE, FL 32302 US

I hereby certify that the information supplied with this filing does not qualify 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

04/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date