

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000002660

1. Entity Name
**TALLAHASSEE/LEON COUNTY ANTI-DRUG
ANTI-VIOLENCE ALLIANCE, INC.**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 15 AM 9:23

Principal Place of Business
**1500 LAKE AVE.
TALLAHASSEE, FL 32310**

Mailing Address
**1500 LAKE AVE.
TALLAHASSEE, FL 32310**

2. Principal Place of Business
Post Office Box 4225

3. Mailing Address
Post Office Box 4225

Suite, Apt. #, etc.



11012004 REIN-NP CR2E099 (6/04)

City & State
Tallahassee FL

Zip
32315

Country
U.S.A.

4. FEI Number
59-3720516

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**POLOUS, MILLIE
1500 LAKE AVE.
TALLAHASSEE, FL 32310**

7. Name and Address of New Registered Agent

Name
Thomas Jones

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

City
Tallahassee

State
FL

Zip Code
32301

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 *Thomas Jones* **11/1/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TOMPKINS, ROSALIND Y 1500 LAKE AVE. TALLAHASSEE, FL 32310 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Thomas Jones P.O. Box 4225 Tallahassee, FL 32315 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MOORE, SHARI 2757 W. PENSACOLA ST. TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400042751904 11/15/04--01065--005 **236.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BURGESS, ANGELA PO BOX 23 QUINCY, FL 32353 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Melvyn Wilson P.O. Box 4225 Tallahassee FL 32315 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BARNUM, TRUDY 702 W. MADISON ST. TALLAHASSEE, FL 32304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Pat Holliday P.O. Box 4225 Tallahassee, FL 32316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas Jones* **11/1/04** **(850) 891-6561**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/1/04 3 an