

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90136 015 ****61.25

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1. Entity Name

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



Principal Place of Business

**1500 LAKE AVE.
TALLAHASSEE FL 32310**

Mailing Address

**1500 LAKE AVE.
TALLAHASSEE FL 32310**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3720516**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE



FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **TOMPKINS, ROSALIND Y**
STREET ADDRESS **1500 LAKE AVE.**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☒ Delete
NAME **SKILES, DAN**
STREET ADDRESS **FSU-PAR, THAGARD STUDENT HEALTH CENTER**
CITY-ST-ZIP **TALLAHASSEE FL 32306-2140**

TITLE **DV** ☒ Change ☐ Addition
NAME **Shari Moore**
STREET ADDRESS **2757 W. Pensacola St.**
CITY-ST-ZIP **Tallahassee, FL 32304**

TITLE **DS** ☒ Delete
NAME **ALLEN, IDELLA GAINER**
STREET ADDRESS **2757 W. PENSACOLA ST.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **DS** ☒ Change ☐ Addition
NAME **Angela Burgess**
STREET ADDRESS **PO Box 23**
CITY-ST-ZIP **Quincy, FL 32353**

TITLE **DT** ☒ Delete
NAME **BUTLER, LINDA**
STREET ADDRESS **PO BOX 727**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **DT** ☒ Change ☐ Addition
NAME **Trudy Barnum**
STREET ADDRESS **702 W. Madison St.**
CITY-ST-ZIP **Tallahassee, FL 32304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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 address, with all other like empowered.

SIGNATURE:

Rosalind Y. Tompkins

Rosalind Y. Tompkins 04/18/03

850/7705

CR2E037 (10/02)