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

DOCUMENT # N0100002660

1. Entity Name

TALLAHASSEE/LEON COUNTY ANTI-DRUG ANTI-VIOLENCE ALLIANCE INC



Apr 18, 2003 8:00 am Secretary of State 04-18-2003 90136 015 ****61.25

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Principal Place of Business Address Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State				City & State			4. FEI Number 59-3720516			Applied For Not Applicable	
Zip	Zip Country Z			Zip Country			5. Certificate of Status Desired See Required				
6. Name and Address of Current Registered Agent							7. Name and Add	ress of New Registe	red Agent		
					Na	me	<u> </u>	•	•		
POLOUS, MILLIE 1500 LAKE AVE.					Stre	Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32310											
					City	/			FL Zip Ci	ode	
8 The above	named entity	submits this statement for	the nur	nose of changing its	registered offi	ce or register	red agent or both in	the State of Florida I	am familiar wit	h and accept	
	tions of regist		uio poi	ooso of shariging ks	registered our	od or regional	rod agont, or both, in	ino otato or riorida.	am tamina wii	, and accept	
SIGNATURE	Slanding hand		unad bista id a a	alleable (NOTE	. P		d. L		ATE		
,*	aignature, typed	or printed name of registered agent a	ind title if ap	plicable. (NOTE	: Registered Agent	signature required	d when reinstating)	D.	AIE		
FILE NOW: FEE IS \$61.25 9. Election Campaign Trust Fund Contrib					. •	ing	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
10.		OFFICERS AND DIF	ECTORS	<u> </u>	11.		ADDITIONS/CHANG	ES TO OFFICERS AN	D DIRECTORS	IN 10	
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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:

850/7705 Resalind Y. Tompkins 042/08/03