

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000001821

**FILED**  
**Feb 26, 2008**  
**Secretary of State**

**Entity Name:** CONSORTIUM OF ADVOCATES FOR INFANTS AND TODDLERS, INC.

**Current Principal Place of Business:**

3825 W. HENDERSON BLVD STE 504  
TAMPA, FL 33629

**New Principal Place of Business:**

1308 W. SLIGH AVE.  
TAMPA, FL 33604

**Current Mailing Address:**

3825 W. HENDERSON BLVD STE 504  
TAMPA, FL 33629

**New Mailing Address:**

1308 W. SLIGH AVE.  
TAMPA, FL 33604

**FEI Number:** 74-3167850      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

GROSEZ, PAT  
3825 W. HENDERSON BLVD STE 504  
TAMPA, FL 33629      US

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

GROSZ, PAT  
1308 W. SLIGH AVE.  
TAMPA, FL 33604      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: PAT GROSZ

02/26/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: ATKINSON, JANET  
Address: 16304 W COURSE DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: DV      ( ) Delete  
Name: BOOTHY-LLORENTE, LOUISE  
Address: 9909 VENETIAN RIVER WAY  
City-St-Zip: TAMPA, FL 33619

Title: DST      ( ) Delete  
Name: GROSZ, PAT  
Address: 1330 ECKLES DRIVE  
City-St-Zip: TAMPA, FL 33612

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

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

Title: DT      (X) Change ( ) Addition  
Name: FOSS, JOAN  
Address: 8961 DANIELS CENTER DR, SUITE 401  
City-St-Zip: FT. MYERS, FL 33912

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

Title: DP      (X) Change ( ) Addition  
Name: GROSZ, PAT  
Address: 1330 ECKLES DRIVE  
City-St-Zip: TAMPA, FL 33612

Title: DS      ( ) Change (X) Addition  
Name: PUZIO, ALTHEA  
Address: 1024 SOUTH FLORIDA AVE., SUITE A  
City-St-Zip: ROCKLEDGE, FL 32955

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: PAT GROSZ

DP

02/26/2008

Electronic Signature of Signing Officer or Director

Date