

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N29417** (5)

1. Corporation Name

**CHILD ADVOCATES II OF TALLAHASSEE, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 3992  
TALLAHASSEE FL 32315  
US

P.O. BOX 3992  
TALLAHASSEE FL 32315  
US

3. Date Incorporated or Qualified  
**11/23/1988**

3a. Date of Last Report  
**10/06/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OSEROFF, CAROL  
3051 CLOUDLAND DRIVE  
TALLAHASSEE FL 32312**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	OSEROFF, CAROL	
STREET ADDRESS	3051 CLOUDLAND DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ERSTLING, MORTON	
STREET ADDRESS	2708 VICTOR HUGO DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CATHEY, ROD	
STREET ADDRESS	4090 BENCHMARK TRACE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KENNEDY, CHAMANE	
STREET ADDRESS	2955-D WOODRICH DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	DM	<input checked="" type="checkbox"/> DELETE
NAME	HOLLIFIELD, LIZ DR	
STREET ADDRESS	3866 LONGLEAF CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	DM	<input checked="" type="checkbox"/> DELETE
NAME	RANDOLPH, RANDOLPH	
STREET ADDRESS	3029 HAWKS GLEN	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Member Joyce Dove
5.3 STREET ADDRESS	P.O. Box 10426
5.4 CITY-ST-ZIP	Tallahassee, FL 32303
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Member Kristin Beitle
6.3 STREET ADDRESS	813 Baker St.
6.4 CITY-ST-ZIP	Tallahassee, FL 32308

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol Oseroff* Carol Oseroff 2/13/96 385-0564  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)