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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29417 (5)
1. Corporation Name
CHILD ADVOCATES II OF TALLAHASSEE, INC.



Principal Place of Business P.O. BOX 3992 TALLAHASSEE FL 32315 US	Mailing Address P.O. BOX 3992 TALLAHASSEE FL 32315-3992 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date incorporated or Qualified 11/23/1988	3a. Date of Last Report 03/28/1996
4. FEI Number 59-2928659	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**OSEROFF, CAROL
3051 CLOUDLAND DRIVE
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent
81 Name **Rod Cathey**
82 Street Address (P.O. Box Number is Not Acceptable) **4050 Benchmark Trace**
83
84 City **Tallahassee** FL 85 Zip Code **32311**

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 office 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: *Rod Cathey* **Rod Cathey, President** 2-25-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" 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	M	<input checked="" type="checkbox"/> DELETE
NAME	DOVE, JOYCE	
STREET ADDRESS	PO BOX 10426	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	BEITLER, KRISTIN	
STREET ADDRESS	813 BAKER ST	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	OVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joan Anderson	
1.3 STREET ADDRESS	3424 Monitor Lane	
1.4 CITY-ST-ZIP	Tallahassee, FL 32312	
2.1 TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Emily Grimm	
5.3 STREET ADDRESS	1434 N. Meridian Rd.	
5.4 CITY-ST-ZIP	Tallahassee, FL 32303	
6.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Debbie O'Reilly	
6.3 STREET ADDRESS	332 Winnstead Ct.	
6.4 CITY-ST-ZIP	Tallahassee, FL 32312	

14. I do 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 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: *Rod Cathey* **Rod Cathey** 2-25-97 575-0179
Signature, typed or printed name of signing officer or director Date Daytime Phone 80006842

CR2E037 (9/96)