FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N29417 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				
Principal Place of Business 1	2a. Mailing Address 26				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

3. Date Incorporated or Qualifed 11/23/1988 FEI Number

484259°- 90190 - 22

FILED
May 04, 1999 8:00 am

Secretary of State

05-04-1999 90190 022 ****61.25

59-2928659 Not Applicable \$8.75 Additional City & State City & State 5. Certificate of Status Desired Fee Required 28 Country 6. Election Campaign Financing \$5.00 May Be Country Zip Zip 30 Trust Fund Contribution Added to Fees 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **EMILY GRIMM** 82 1434 N MERIDIAN ROAD 83 **TALLAHASSEE FL 32303**

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.

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SIGNATURE AND A SIGNATURE (AVIVE September and signature a								
Oglobal, types of plants and the second of t				as rights agreement required when remaining)				
12.	OFFICERS AND DIRECTORS		13.					
TITLE	D	☐ DELETE	1.1 TITLE	SD	☐ Change	☐ Addition		
NAME	WERNER, ANNIE		1.2 NAME					
STREET ADDRESS	3532 OAK HILL TR		1.3 STREET ADDRESS			ļ		
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP					
TITLE	-DT-	☐ DELETE	2.1 TTLE	PD	Change	☐ Addition		
NAME	GRIMM, EMILY		2.2 NAME	TOTAL	Ase.			
STREET ADDRESS	1434 N MERIDIAN RD		2.3 STREET ADDRESS	TALLAHASSEE, 4				
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY-ST-ZIP		<u>i 32301</u>			
TITLE	-D3-	☐ DELETE	3.1 TITLE	VD	Change	Addition		
NAME	O'REILLY, DEBBIE		3.2 NAME			Ì		
STREET ADDRESS	332 WINNSTEAD CT		3.3 STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL		3.4. CITY-ST-ZIP	32312				
μιτε	TD	☐ DELETE	4.1 TITLE	TD	☐ Change	Addition		
NAME	JOHN D'REILLY	τ	4. 2 NAME					
STREET ADDRESS	JOHN D'REILLY 332 WINNSTEAD COURT	_	4.3 STREET ADDRESS	,				
CITY-ST-ZIP	TALL AH ASSEE, FL	36316	4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition]		
NAME			5.2 NAME			į		
STREET ADDRESS			5.3 STREET ADDRESS			i		
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS			j		
CITY-ST-ZIP			6.4 CITY-ST-ZIP					

14. 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 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

SIGNATURE:

Applied For