


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90208 017 ****70.00

DOCUMENT # N29417
 1. Entity Name
CHILD ADVOCATES II, INC.



Principal Place of Business
 P.O. BOX 3992
 TALLAHASSEE, FL 32315 US

Mailing Address
 P.O. BOX 3992
 TALLAHASSEE, FL 32315 US

60030910



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04252006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-2928659

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MULDROW SANDERS, MARCIA
 2020 CAPITAL CIRCLE SE
 SUITE 390
 TALLAHASSEE, FL 32302

7. Name and Address of New Registered Agent

Name **Katherine Blyth**
 Street Address (P.O. Box Number is Not Acceptable)
3525 Colonnade Drive
 City **TALLAHASSEE** FL Zip Code **32309**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Katherine Blyth, President** 4-25-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MULDROW SANDERS, MARCIA	
STREET ADDRESS	2020 CAPITAL CIRCLE SE	
CITY-ST-ZIP	TALLAHASSEE, FL 32302	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REYNOLDS, PAUL	
STREET ADDRESS	2727 APALACHEE PARKWAY 200 E. GAINES ST	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	STD T/D	<input type="checkbox"/> Delete
NAME	HEUSDENS, JENNIFER	
STREET ADDRESS	199 RABBIT POND ROAD	
CITY-ST-ZIP	HAVANA, FL 32333	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HAYES, BEVERLY	
STREET ADDRESS	200 E. GAINES STREET RM 612	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	Katherine Blyth	
STREET ADDRESS	3525 Colonnade Drive	
CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	Cynthia Schwartz	
STREET ADDRESS	2390 Phillips Road	
CITY-ST-ZIP	Tallahassee, FL 32308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angela Carroll	
STREET ADDRESS	2956 Woodrick Drive, Apt. A	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Paul Reynolds** 4-25-06 850 443-5079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #