


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90172 032 ****61.25

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**

40061030



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

01052007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-2928659

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

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

**BLYTHE, KATHERINE
 3525 COLONNADE DR
 TALLAHASSEE, FL 32309**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD**
 NAME **GARROLL, ANGELA** Delete
 STREET ADDRESS **2956 WOODRICH DR APT A**
 CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **TD**
 NAME **Pitts, Jamie** Change Addition
 STREET ADDRESS **11210 High meadow Dr.**
 CITY-ST-ZIP **Tallahassee, Florida 32311**

TITLE **TD**
 NAME **REYNOLDS, PAUL** Delete
 STREET ADDRESS **200 E GAINES ST**
 CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **VD**
 NAME **Richard, Angela** Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD**
 NAME **HEUSDENS, JENNIFER** Delete
 STREET ADDRESS **199 RABBIT POND ROAD**
 CITY-ST-ZIP **HAVANA, FL 32333**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE **PD**
 NAME **BLYTHE, KATHERINE** Delete
 STREET ADDRESS **3525 COLONNADE DR**
 CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE **SD**
 NAME **SCHWARTZ, CYNTHIA** Delete
 STREET ADDRESS **2390 PHILLIPS RD**
 CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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: Jennifer Heusdens **JENNIFER HEUSDENS** **850-445-7232**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #