

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90213 011 ****61.25

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

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| Principal Place of Business P.O. BOX 3992 TALLAHASSEE, FL 32315 US | Mailing Address P.O. BOX 3992 TALLAHASSEE, FL 32315 US |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

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|--------------|--------------|-----|---------|
| City & State | City & State | | |
| Zip | Country | Zip | Country |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent 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 | |
|---|--|---|--|

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PICHARD, ANGELA 2956 WOODRICH DR APT A TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HEUSDENS, JENNIFER 199 RABBIT POND ROAD HAVANA, FL 32333 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BLYTHE, KATHERINE 3525 COLONNADE DR TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SCHWARTZ, CYNTHIA 2390 PHILLIPS RD TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PITTS, JAMIE 1126 HIGH MEADOW DR TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PICHARD, ANGELA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD NICHOLS, GREG 12053 CEDAR BLVD TALLAHASSEE, FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BURNS, STACEY 2750 6LD ST. AUGUSTINE VZZZ TALLAHASSEE FL 32301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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* 4/29/08 850-445-7232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40085510



04292008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2928659 Applied For Not Applicable

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