

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29417

FILED
Apr 29, 2009
Secretary of State

Entity Name: CHILD ADVOCATES II, INC.

Current Principal Place of Business:

P.O. BOX 3992
TALLAHASSEE, FL 32315 US

New Principal Place of Business:

315 SOUTH CALHOUN STREET
BANK OF AMERICA PLAZA, SUITE 800
TALLAHASSEE, FL 32301 US

Current Mailing Address:

P.O. BOX 3992
TALLAHASSEE, FL 32315 US

New Mailing Address:

FEI Number: 59-2928659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLYTHE, KATHERINE
3525 COLONNADE DR
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PICHARD, ANGELA
Address: 2956 WOODRICH DR APT A
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD () Delete
Name: HEUSDENS, JENNIFER
Address: 199 RABBIT POND ROAD
City-St-Zip: HAVANA, FL 32333

Title: TD () Delete
Name: PITTS, JAMIE
Address: 1126 HIGH MEADOW DR
City-St-Zip: TALLAHASSEE, FL 32311

Title: VD () Delete
Name: NICHOLS, GREG
Address: 12053 CEDAR BLVD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PICHARD, ANGELA
Address: 2037 DOOMAR DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD (X) Change () Addition
Name: GREENE, DENISE M
Address: 3875 GAFFNEY LOOP
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD (X) Change () Addition
Name: PITTS, JAMIE M
Address: 1126 HIGH MEADOW DR
City-St-Zip: TALLAHASSEE, FL 32311

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE M. PITTS

TD

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date