

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29417

FILED  
Jan 13, 2011  
Secretary of State

Entity Name: CHILD ADVOCATES II, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

1920 THOMASVILLE ROAD  
SUITE #208  
TALLAHASSEE, FL 32303 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  
Name: NICHOLS, GREG  
Address: 7316 HOLLIS STREET  
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD  
Name: PITTS, JAMIE M  
Address: 1126 HIGH MEADOW DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: VD  
Name: HERNANDEZ, CHRIS  
Address: 2750 OLD ST AUGUSTINE ROAD APT #A1  
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD  
Name: BURNS, STACEY  
Address: 2750 OLD ST AUGUSTINE ROAD APT #V222  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby 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 all other like empowered.

SIGNATURE: JAMIE M. PITTS

TD

01/13/2011

Electronic Signature of Signing Officer or Director

Date