

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90104 009 ****61.25

DOCUMENT # N29417

1. Entity Name
CHILD ADVOCATES II OF TALLAHASSEE, INC.



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

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

90044545



CHECK HERE IF MAKING CHANGES

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

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

City & State

City & State

4. FEI Number **59-2928659**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DANSER, RUSSELL
2916 EAST PARK AVE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name **Melissa Shaeffer**
Street Address (P.O. Box Number is Not Acceptable)
3021 Greyabby Court
City **Tallahassee** FL Zip Code **32308**

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 *Melissa Shaeffer* **Melissa Shaeffer, Pres** **3/3/03**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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 **PD** Delete
NAME **DANSER, RUSSELL**
STREET ADDRESS **2916 EAST PARK AVE.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** Delete
NAME **ROBERTS, MARTY**
STREET ADDRESS **8039 EVENING STAR LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **REDD, HARRY**
STREET ADDRESS **2727 APALACHEE PKWY**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CTD** Delete
NAME **LEWIS, AMANDA**
STREET ADDRESS **2106 JOYNER DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **SHAEFFER, MELISSA**
STREET ADDRESS **3021 GREYABBY COURT**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **President - Director** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** Change Addition
NAME **Denise Redd.**
STREET ADDRESS **2648 Lucerne Dr**
CITY-ST-ZIP **Tallahassee, FL 32303**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Amanda Lewis* **REQUIRED Amanda Lewis** **3/3/03** **850-577-4042**

CR2E037 (10/02)