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NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED Jun 09, 1999 8:00 am Secretary of State

	1999		DIVISION OF CO		ONS	06-	-09-1999 90	008 026 **	***61.25	
1. Corporation	MENT # N980 Name ADVOCACY, INC.	00000474	41			* !	5 7 8 ii 578017 - 900) 004 - 3	·	. <u>.</u>
Principal Place	of Business	Mailing A	ddress			_		d.B.e. 18.5t Heb.	D. 1984 (84)	_
- 198 Wilshire Casselberry			HIRE BLVD ERRY FL 32707							.=
·						3. Date Incorporated or Qu	plifed			
2. Principal Place of Business 2671 Exec. Ctr. Cir. W.		L	2a. Mailing Address 26 2671 Exec. Ctr. Cir. W.			08/18/1998				
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			4. FEI Number 59-2824726	•		Applicable	-
22 Suite			ite 100 Listate					\$8.75 A		1
City & State Tallahassee,- FL-			28 Tallahassee, FL			5. Certificate of Status Desi	red 🗌	Fee Rec		
Zip	Country 301 S US	Zip 32	301	Country	•	Election Campaign Final Trust Fund Contribution	ncing 🖂	\$5.00 M Added to		
24 32.3	9. Name and Address of	29	13	0 08		10. Name and Address of	New Registered			
•	- Hamis alia Pagilana			81	Name					
DYER, JAY	Y			82	Street Ad	dress (P.O. Box Number is Not A	cceptable)			
	HIRE BLVD			83	 -		-			
CASSELBE	erry FL 32707			<u></u>				85 Zip C	ode	3
i				84			FL	_ ` `		
44 Dumulous	to the provisions of Sections (617.0502 and 617.150	8, Florida Statutes	the abov	e-named co	rporation submits this statement	or the purpose of	changing its r	egistered istared	
office or c	natetered event or hoth in the	e State of Florida, Suc	ch change was aut	horized by	the corpora	INON'S DOSID OF DIRECTORS. I hereby	acceptine abbo			
office or n			ch change was aut on 617.0503, Florid	horized by Le Statutes	the corpora	rporation submits this statement in tion's board of directors, I hereby	عدد عاد عاد عاد الم	99		
office or n agent. I a		رنفر				and when reinstating)	DATE	<u>'</u>		98
	Signature, typed or printed name of regin	رنفر	ble. (NOTE: R	egistered Ager			DATE	ND DIRECTOR	S IN 12	11/98)
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officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STOWERS REQUIRED SIGNATURE AND TYPED OR PRINTED HAME OF BIGHING OFFICER OR DIRECTOR

850.488.9071

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