2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (duplicate)

FILED

2005 JUL 18 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006422

1. Entity Name
CHILDREN'S ADVOCACY FOUNDATION, INC.

Principal Place of Business	Mailing Address
524 E. COLLEGE AVE. TALLAHASSEE, FL 32301	524 E. COLLEGE AVE. TALLAHASSEE, FL 32301

3/11/05 90305 015 61.25

07142005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3616363
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GIEVERS, KAREN ESQ
524 E. COLLEGE AVE.
TALLAHASSEE, FL 32301

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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)

Filing Fee is $61.25 PD 7/21
Due by September 7, 2005 check # 3412

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GIEVERS, KAREN
STREET ADDRESS	524 E COLLEGE AVE #2
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	VTSD
NAME	BACH, FRANK J
STREET ADDRESS	524 E COLLEGE AVE #2
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	MEYER, RON
STREET ADDRESS	2544 BLAIRSTONEPINE DR
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	D
NAME	BROWN, GEORGE
STREET ADDRESS	3216 DEL RIO TERRACE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	MCDEARITT, GARY
STREET ADDRESS	822 SE 9TH ST
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	D
NAME	MCDEARITT, ELIZABETH
STREET ADDRESS	822 SE 9TH ST
CITY-ST-ZIP	OKEECHOBEE, FL 34974

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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: K Gievers 7/14/5 effective 3/2/5 850 222 1960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #