

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006422

FILED
Jan 16, 2009
Secretary of State

Entity Name: CHILDREN'S ADVOCACY FOUNDATION, INC.

Current Principal Place of Business:

524 E. COLLEGE AVE.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

524 E. COLLEGE AVE.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3616363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIEVERS, KAREN ESQ
524 E. COLLEGE AVE.
TALLAHASSEE, FL 32301 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: GIEVERS, KAREN
Address: 524 E COLLEGE AVE #2
City-St-Zip: TALLAHASSEE, FL 32301

Title: VTSD () Delete
Name: BACH, FRANK J
Address: 524 E COLLEGE AVE #2
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: MEYER, RON
Address: 2544 BLAIRSTONEPINE DR
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: BROWN, GEORGE
Address: 3216 DEL RIO TERRACE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: MCDEAVITT, GARY
Address: 822 SE 9TH ST
City-St-Zip: OKEECHOBEE, FL 34974

Title: D () Delete
Name: MCDEAVITT, ELIZABETH
Address: 822 SE 9TH ST
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: KAREN GIEVERS

PD

01/16/2009

Electronic Signature of Signing Officer or Director

Date