

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005046

Entity Name: COPS FOR KIDS - TALLAHASSEE, INC.**Current Principal Place of Business:**114 6TH STREET
APALACHICOLA, FL 32320**Current Mailing Address:**114 6TH STREET
APALACHICOLA, FL 32320 US**FEI Number:** 59-3617530**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, ANTHONY J
114 6TH STREET
APALACHICOLA, FL 32320 US*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**Officer/Director Detail :**

Title	D
Name	SMITH, ANTHONY J
Address	114 6TH STREET
City-State-Zip:	APALACHICOLA FL 32320

Title	STD
Name	PATE, DAVID M
Address	PO BOX 38261
City-State-Zip:	TALLAHASSEE FL 32315

Title	D
Name	FERRELL, DAVID
Address	PO BOX 245
City-State-Zip:	TALLAHASSEE FL 32302

Title	D
Name	DICK, SCOTT
Address	PO BOX 245
City-State-Zip:	TALLAHASSEE FL 32302

Title	D
Name	ROGERS, BONNIE
Address	PO BOX 245
City-State-Zip:	TALLAHASSEE FL 32302

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: DAVID M. PATE

STD

01/09/2014

Electronic Signature of Signing Officer/Director Detail_____
Date