


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90038 003 \*\*\*\*61.25

<b>DOCUMENT # N03000006837</b>					
1. Entity Name CHILDREN'S ADVOCACY CENTER OF HERNANDO COUNTY, INC.					
Principal Place of Business C/O KAREN NICOLAI 20 N. MAIN STREET ROOM 130 BROOKSVILLE, FL 34601		Mailing Address C/O KAREN NICOLAI 20 N. MAIN STREET ROOM 130 BROOKSVILLE, FL 34601			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 20-0572767	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NICOLAI, KAREN 20 N. MAIN STREET ROOM 130 BROOKSVILLE, FL 34601			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ED	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAIBORNE, MARIAN		NAME	SWEINBERG, BARBARA	
STREET ADDRESS	275 OAK STREET		STREET ADDRESS	7561 Gates Circle	
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, JUDY		NAME		
STREET ADDRESS	900 EMERSON ROAD		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP		
TITLE	.DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLAI, KAREN		NAME		
STREET ADDRESS	20 N. MAIN ST ROOM #138		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DORCAS		NAME		
STREET ADDRESS	5041 GASTON ST.		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34607		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Karen Nicolai</u>		<u>Karen Nicolai</u>		<u>2/8/06</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	
				<u>352-754-4206</u>	