


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90017 009 ****61.25

DOCUMENT # N06000008668

1. Entity Name
 CITRUS COUNTY CHILDREN'S ADVOCACY CENTER, INC.



Principal Place of Business
 7655 WEST GULF TO LAKE HIGHWAY, SUITE 12
 CRYSTAL RIVER, FL 34429

Mailing Address
 7655 WEST GULF TO LAKE HIGHWAY SUITE 12
 CRYSTAL RIVER, FL 34429


2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country

40033000



02092007 Chg-NP CR2E037 (12/06)

4. FEI Number
 20-5494335

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORING, JACK A
 7655 WEST GULF TO LAKE HIGHWAY SUITE 12
 CRYSTAL RIVER, FL 34429

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input type="checkbox"/> Delete	CUBBISON, MARY L POST OFFICE BOX 131 LECANTO, FL 344601131	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input checked="" type="checkbox"/> Delete	FERRIGNO, KELLY 1701 SOUTHWEST 16TH AVENUE GAINESVILLE, FL 32608	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> Delete	HALL, WENDY LCSW 2200 WEST DEER TRAIL LANE LECANTON, FL 34461	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> Delete	MCBRIDE, JUDI 110 NORTH APOPKA AVENUE INVERNESS, FL 34450	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> Delete	LANGLEY, ALIDA 110 NORTH APOPKA AVENUE INVERNESS, FL 34450	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> Delete	MORING, JACK A 7655 WEST GULF TO LAKE HIGHWAY STE 12 CRYSTAL RIVER, FL 34429	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 titles empowered.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-13-07 (352) 195-1797 Daytime Phone # _____