2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01599

FILED Feb 23, 2005 Secretary of State

Entity Name: CHILDREN'S ADVOCACY CENTER OF SW FLORIDA, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
3900 BRO BLDG. B S FT. MYER		US				
Current Mailing Address:			New Maili	New Mailing Address:		
3900 BRO BLDG. B S FT. MYER		US				
FEI Number	: 65-0007620	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and	Address o	of New Registered Agent:	
The above	ADWAY BTE. 1 S, FL 33901 I		ourpose of changing i	ts registere	d office or registered agent, or both,	
	e of Florida.					
SIGNATUI		nic Signature of Registered Ag	ent		 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D (PAUL, ELIZABI 13823 LILY PA FORT MYERS,	D CIRCLE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHULTZ, BRU	RITTANY BLVD 2ND FLOOR	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (CHAIPEL, CLIF 18654 CUTLAS FT.MYERS, FL	SS DRIVE	Title: Name: Address: City-St-Zip:	D CHAIPEL, C 12660 WOF FT.MYERS,	RLD PLAZA LANE	
Title: Name: Address: City-St-Zip:	D (ORTINO, NICK 1415 BAYVIEW FT. MYERS, FI	V COURT	Title: Name: Address: City-St-Zip:	O SHAFER, C 15054 BON FT. MYERS	AIR CIRCLE	
Title: Name: Address:	D (SALAHU-DIN, S 10501 FGCU B FT. MYERS, FI	SLVD SOUTH	Title: Name: Address: City-St-Zip:		() Change () Addition	
City-St-Zip:						

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JILL TURNER CEO 02/23/2005