

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01599

FILED
Feb 05, 2009
Secretary of State

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

Current Principal Place of Business:

3900 BROADWAY
BUILDING B, SUITE 1
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

3900 BROADWAY
BUILDING B, SUITE 1
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 65-0007620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, JILL
3900 BROADWAY
BUILDING B, SUITE 1
FORT MYERS, FL 33901 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: D () Delete
Name: PAUL, ELIZABETH
Address: 13823 LILY PAD CIRCLE
City-St-Zip: FORT MYERS, FL 33907

Title: O () Delete
Name: SCHULTZ, BRUCE
Address: 12670 CREEKSIDE LANE
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: CHAIPEL, CLIFF
Address: 6810 INTERNATIONAL CENTER BLVD
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: SHAFER, CYNTHIA
Address: 15054 BONAIR CIRCLE
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: ORTINO, NICK
Address: 2229 FIRST STREET
City-St-Zip: FORT MYERS, FL 33901

Title: O () Delete
Name: MARTIN, PAUL
Address: 12201 RIVER VILLAGE WAY
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SCHULTZ, BRUCE
Address: 12670 CREEKSIDE LANE
City-St-Zip: FORT MYERS, FL 33919

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

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

Title: D (X) Change () Addition
Name: SEIF, PETER
Address: 10970 S. CLEVELAND AVE, 406
City-St-Zip: FORT MYERS, FL 33907

Title: D (X) Change () Addition
Name: MARTIN, PAUL
Address: 12201 RIVER VILLAGE WAY
City-St-Zip: FORT MYERS, FL 33905

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: JILL L. TURNER

CEO

02/05/2009

Electronic Signature of Signing Officer or Director

Date