

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001040

**Entity Name:** CHILD ADVOCACY CENTER, INC.

**Current Principal Place of Business:**

500 E. UNIVERSITY AVE  
SUITE A  
GAINESVILLE, FL 32601

**Current Mailing Address:**

P.O. BOX 13454  
GAINESVILLE, FL 32604

**FEI Number: 31-1705396**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

KITCHENS, SHERRY  
500 E. UNIVERSITY AVE  
SUITE A  
GAINESVILLE, FL 32601 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 O/D  
Name KITCHENS, SHERRY  
Address 9383 SW 28TH ROAD  
City-State-Zip: GAINESVILLE FL 32608

Title CHAIRMAN  
Name QUIGLEY, JEFF  
Address P.O. BOX 13454  
City-State-Zip: GAINESVILLE FL 32604

Title VC  
Name ROBERTS, JOHN  
Address P.O. BOX 13454  
City-State-Zip: GAINESVILLE FL 32604

Title SECRETARY  
Name EZZELL, TARA  
Address P.O. BOX 13454  
City-State-Zip: GAINESVILLE FL 32604

Title TREASURER  
Name JOYNER, STACY  
Address P.O. BOX 13454  
City-State-Zip: GAINESVILLE FL 32604

*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: SHERRY KITCHENS**

**PRESIDENT/CEO**

**01/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date