

2024 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 P O BOX 13454
City-State-Zip: GAINESVILLE FL 32604

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

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

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

Title TREASURER
Name KREFTING, BOB
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

04/26/2024

Electronic Signature of Signing Officer/Director Detail

Date