## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001040

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

## Name and Address of Current Registered Agent:

KITCHENS, SHERRY 500 E. UNIVERSITY AVE SUITE A GAINESVILLE, FL 32601 US FILED Jan 31, 2023 Secretary of State 9684057288CC

Certificate of Status Desired: Yes

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

#### Officer/Director Detail :

Title	O/D	Title	CHAIRMAN
THE	0/B	The	CHAIRMAN
Name	KITCHENS, SHERRY	Name	BROWN, JOEL
Address	P O BOX 13454	Address	P.O. BOX 13454
City-State-Zip:	GAINESVILLE FL 32604	City-State-Zip:	GAINESVILLE FL 32604
Title	VC	Title	SECRETARY
Name	MCCLAVE, AMBER	Name	MALCOLM, TAMELIA
Address	P.O. BOX 13454	Address	P.O. BOX 13454
City-State-Zip:	GAINESVILLE FL 32604	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

01/31/2023

Date

Electronic Signature of Signing Officer/Director Detail