

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001040

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

**Current Principal Place of Business:**

901 N.W 8TH AVE  
SUITE B 5  
GAINESVILLE, FL 32601

**Current Mailing Address:**

P.O. BOX 13454  
GAINESVILLE, FL 32604

**FEI Number: 31-1705396**

**Certificate of Status Desired: No**

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

KITCHENS, SHERRY  
901 NW 8TH AVE  
SUITE B 5  
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 PURCELL, LEM  
Address 7201 NW 11TH PLACE  
City-State-Zip: GAINESVILLE FL 32605

Title VC  
Name CAMUCCIO, NICHOLAS  
Address 110 NW 1ST AVE  
SUITE 5000  
City-State-Zip: OCALA FL 34475

Title SECRETARY  
Name ACARON, TARIN  
Address 10327 NW 34TH LANE  
City-State-Zip: GAINESVILLE FL 32606

Title TREASURER  
Name JOYNER, STACY  
Address 11406 NW 122ND TERRACE  
City-State-Zip: ALACHUA FL 32615

Title DIRECTOR  
Name LEE, MARIAN  
Address 10627 SW 65TH AVE  
City-State-Zip: GAINESVILLE FL 32608

*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**

**03/05/2015**

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

\_\_\_\_\_  
Date