

2016 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/ CEO

01/12/2016

Electronic Signature of Signing Officer/Director Detail

Date