

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

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

Title	CHAIRMAN
Name	PURCELL, LEM
Address	7201 NW 11TH PLACE
City-State-Zip:	GAINESVILLE FL 32605

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

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