

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01599

Entity Name: CHILDREN'S ADVOCACY CENTER OF SW FLORIDA, INC.**Current Principal Place of Business:**3830 EVANS AVENUE
FORT MYERS, FL 33901**Current Mailing Address:**3830 EVANS AVENUE
FORT MYERS, FL 33901 US**FEI Number:** 65-0007620**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TURNER, JILL L
3830 EVANS AVENUE
FORT MYERS, FL 33901 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 D
Name PAUL, ELIZABETH
Address 13823 LILY PAD CIRCLE
City-State-Zip: FORT MYERS FL 33907

Title D
Name SCHULTZ, BRUCE
Address 11741 PALM BEACH BLVD., #100
City-State-Zip: FORT MYERS FL 33905

Title D
Name DURNWALD, RICHARD
Address 10070 DANIELS INTERSTATE CT.,
#230
City-State-Zip: FORT MYERS FL 33913

Title D
Name SHAFER, CYNTHIA
Address 15054 BONAIR CIRCLE
City-State-Zip: FORT MYERS FL 33908

Title D
Name SEIF, PETER
Address 10970 S. CLEVELAND AVE, 406
City-State-Zip: FORT MYERS FL 33907

Title D
Name MARTIN, PAUL
Address 11571 VERANDAH BLVD.
City-State-Zip: FORT MYERS FL 33905

Title CEO
Name TURNER, JILL L
Address 3830 EVANS AVENUE
City-State-Zip: FORT MYERS FL 33901

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: JILL L. TURNER

CEO

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date