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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755354** (8)

1. Corporation Name

**THE CHILDREN'S ADVOCACY CENTER OF VOLUSIA & FLAG
LER COUNTIES, INC.**

Principal Place of Business

Mailing Address

**1122 DR. MARY M. BETHUNE BLVD.
DAYTONA BCH FL 32114
US**

**P.O. BOX 11109
DAYTONA BEACH FL 32120-1109**

2. Principal Place of Business

2a. Mailing Address

21 344 S. Beach St.

26 Suite, Apt. #, etc.

22

27

City & State

City & State

23 Daytona Beach, FL

28

Zip

Country

Zip

Country

24 32114

25 USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/02/1980

4. FEI Number

59-2065914

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**MURRAY, BEN
1122 DR. MARY M. BETHUNE BLVD.
DAYTONA BEACH FL 32114**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
344 S. Beach St.

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **COLLINS, PATRICIA L.**
STREET ADDRESS **403 MAIN TR**
CITY-ST-ZIP **ORMOND BCH FL**

1.1 TITLE **P/D** ☐ Change ☐ Addition
1.2 NAME **Patrick, Pamela K.S., Ph.D.**
1.3 STREET ADDRESS **4 Cobblestone Trail**
1.4 CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **PD** ☒ DELETE
NAME **GOODSON, RHONDA BESS**
STREET ADDRESS **1235 CHARTER OAKS CIRCLE**
CITY-ST-ZIP **HOLLY HILL FL**

2.1 TITLE **PE/D** ☐ Change ☒ Addition
2.2 NAME **Flemming, Sheila Y., Ph.D.**
2.3 STREET ADDRESS **7 Birchwood Trail**
2.4 CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **VD** ☒ DELETE
NAME **MCKINLEY, JULIE**
STREET ADDRESS **4675 HIDDEN LAKE DR**
CITY-ST-ZIP **PORT ORANGE FL**

3.1 TITLE **V/D** ☐ Change ☒ Addition
3.2 NAME **Connors, Kevin J.**
3.3 STREET ADDRESS **103 Addison Drive**
3.4 CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **SD** ☐ DELETE
NAME **SAUFL, NANCY M.**
STREET ADDRESS **114 PINON CIR**
CITY-ST-ZIP **ORMOND BEACH FL**

4.1 TITLE **S/D** ☐ Change ☐ Addition
4.2 NAME **SAME**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **M** ☐ DELETE
NAME **MURRAY, BEN**
STREET ADDRESS **1356 WOODBINE AVENUE**
CITY-ST-ZIP **DELTONA FL**

5.1 TITLE **M** ☐ Change ☐ Addition
5.2 NAME **SAME**
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **COLLINS, PATRICIA**
STREET ADDRESS **403 MAIN TRAIL**
CITY-ST-ZIP **ORMOND BEACH FL**

6.1 TITLE **T** ☐ Change ☒ Addition
6.2 NAME **Storms, Keith**
6.3 STREET ADDRESS **885 N. Lindenwood Circle**
6.4 CITY-ST-ZIP **Ormond Beach, FL 32174**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Pamela K.S. Patrick* **Pamela K.S. Patrick 4/15/98 904-253-4077**

CR2E037 (1097)

The Children's Advocacy Center of Volusia & Flagler Counties, Inc.

Attachment to #12 – Officers and Directors

PP/D

Change

Collins, Patricia L.
403 Main Trail
Ormond Beach, FL 32174