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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755354

1. Corporation Name

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

Principal Place of Business

344 S BEACH ST
DAYTONA BCH FL 32114
US

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
Sheila Y. Flemming, Ph.D.

82 Street Address (P.O. Box Number is Not Acceptable)
30 So. Inlet Harbour

83

84 City
Ponce Inlet

FL

85 Zip Code
32127

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 Sheila Y. Flemming, Ph.D. Board President 4/12/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PATRICK, PAMELA K S
STREET ADDRESS 4 COBBLESTONE TRAIL
CITY-ST-ZIP ORMOND BCH FL 32174

☐ DELETE

TITLE PED
NAME FLEMMING, SHEILA Y
STREET ADDRESS 7 BIRCHWOOD TRAIL
CITY-ST-ZIP ORMOND BEACH FL 32174

☐ DELETE

TITLE VD
NAME CONNORS, KEVIN J
STREET ADDRESS 103 ADDISON DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174

☐ DELETE

TITLE SD
NAME SAUFL, NANCY M.
STREET ADDRESS 114 PINION CIR
CITY-ST-ZIP ORMOND BEACH FL

☒ DELETE

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

☒ DELETE

TITLE PED
NAME COLLINS, PATRICIA
STREET ADDRESS 403 MAIN TRAIL
CITY-ST-ZIP ORMOND BEACH FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PP/D ☒ Change ☐ Addition
1.2 NAME (SAME)

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE PD ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 30 So. Inlet Harbour

2.4 CITY-ST-ZIP Ponce Inlet, FL 32127

3.1 TITLE PED ☒ Change ☐ Addition

3.2 NAME (SAME)

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE SD ☐ Change ☒ Addition

4.2 NAME Ho Tsai

4.3 STREET ADDRESS 3 Noble Woods Way

4.4 CITY-ST-ZIP Ormond Beach, FL 32174

5.1 TITLE Interim M ☐ Change ☒ Addition

5.2 NAME Karen Vogt

5.3 STREET ADDRESS 2569 Selleck Ave.

5.4 CITY-ST-ZIP New Smyrna Beach, FL 32168

6.1 TITLE VPD ☐ Change ☒ Addition

6.2 NAME Julie McKinley

6.3 STREET ADDRESS 950 W. International Spdwy Blvd

6.4 CITY-ST-ZIP Daytona Beach, FL 32114

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, with all other like empowered.

SIGNATURE: Sheila Y. Flemming, Ph.D. Board President 4/12/99 (904)255-1401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

755354
389824-90158-49

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

Attachment to #12 - Officers and Directors

**TD - Same as last year
Storms, Keith
885 N. Lindenwood Circle
Ormond Beach, FL 32174**