

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90249 046 ****70.00

DOCUMENT # 755354

1. Entity Name
THE CHILDREN'S ADVOCACY CENTER OF VOLUSIA & FLAGLER COUNTIES, INC.



Principal Place of Business
**344 S BEACH ST
DAYTONA BCH, FL 32114 US**

Mailing Address
**344 S BEACH ST
DAYTONA BCH, FL 32114 US**

20040033



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01132005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2065914

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARRY, MARYANN
1027 ALMOND TREE CIRCLE
ORLANDO, FL 32835**

Name **Maryann Barry**

Street Address (P.O. Box Number is Not Acceptable)
344 South Beach Street

City **Daytona Beach, FL** Zip Code **32114**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution: ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **BEST, ED**
STREET ADDRESS **717 SOUTH BEACH ST., #114C**
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **D President** ☒ Change ☐ Addition
NAME **Rob Bowling**
STREET ADDRESS **5 Choctow Trail**
CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **DPE** ☒ Delete
NAME **WARD, SUSAN**
STREET ADDRESS **2 WHITT PLACE**
CITY-ST-ZIP **PALM COAST, FL 32164**

TITLE **D President-Elect** ☐ Change ☒ Addition
NAME **Michael Elam**
STREET ADDRESS **1333 Osprey Nest Lane**
CITY-ST-ZIP **Port Orange, FL 32128**

TITLE **DP** ☒ Delete
NAME **PEREZ, JOSE**
STREET ADDRESS **1551 ARDENWOOD LANE**
CITY-ST-ZIP **DELTONA, FL 32728**

TITLE **D Vice-President** ☐ Change ☒ Addition
NAME **Paul Skinner**
STREET ADDRESS **250 Seaview Avenue**
CITY-ST-ZIP **Daytona Beach, FL 32118**

TITLE **2VP** ☒ Delete
NAME **PEREZ, JOSE**
STREET ADDRESS **1551 ARDENWOOD LANE**
CITY-ST-ZIP **DELTONA, FL 32738**

TITLE **D Treasurer** ☐ Change ☒ Addition
NAME **Larry McDermott**
STREET ADDRESS **1016 Bel Aire Drive**
CITY-ST-ZIP **Daytona Beach, FL 32118**

TITLE **DT** ☒ Delete
NAME **BOWLING, ROBERT**
STREET ADDRESS **5 CHOCTAW TRAIL**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **D Secretary** ☐ Change ☒ Addition
NAME **Robin Corbett**
STREET ADDRESS **1908 South Peninsula Drive**
CITY-ST-ZIP **Daytona Beach, FL 32118**

TITLE **DS** ☒ Delete
NAME **BURT, DORIAN**
STREET ADDRESS **203 PINE CONE TRAIL**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **D Past-President** ☒ Change ☐ Addition
NAME **Ed Best**
STREET ADDRESS **717 South Beach Street #114C**
CITY-ST-ZIP **Daytona Beach, FL 32114**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #