

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90354 024 ****70.00

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04062006 Chg-NP CR2E037 (11/05)

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|--|-------------------------------------|--|--|--|--|
| 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2065914 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BARRY, MARYANN 344 SOUTH BEACH STREET DAYTONA BEACH, FL 32114 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee Is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | <input type="checkbox"/> Delete | TITLE | D IMMEDIATE PAST PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BOWLING, ROB | | NAME | | |
| STREET ADDRESS | 5 CHOCTOW TRAIL | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 | | CITY-ST-ZIP | | |
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | DP PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ELAM, MICHAEL | | NAME | | |
| STREET ADDRESS | 1333 OSPREY NEST LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PORT ORANGE, FL 32128 | | CITY-ST-ZIP | | |
| TITLE | DV | <input checked="" type="checkbox"/> Delete | TITLE | D PRESIDENT - ELECT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | SKINNER, PAUL | | NAME | DAWN PARR | |
| STREET ADDRESS | 250 SEAVIEW AVENUE | | STREET ADDRESS | 840 JOHN ANDERSON DRIVE | |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32118 | | CITY-ST-ZIP | ORMOND BEACH, FL 32176 | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete | TITLE | DT TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | MCDERMOTT, LARRY | | NAME | SHANNON PETERS | |
| STREET ADDRESS | 1016 BEL AIRE DRIVE | | STREET ADDRESS | P.O. Box 698 | |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32118 | | CITY-ST-ZIP | BONNELL, FL 32110 | |
| TITLE | DS | <input type="checkbox"/> Delete | TITLE | D FIRST VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CORBETT, ROBIN | | NAME | | |
| STREET ADDRESS | 1908 SOUTH PENINSULA DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32118 | | CITY-ST-ZIP | | |
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | DS SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BEST, ED | | NAME | | |
| STREET ADDRESS | 717 SOUTH BEACH STREET #114C | | STREET ADDRESS | | |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32114 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered. | | | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <div style="text-align: right;"> 04/06/06 386-238-3830 <small>Date Daytime Phone #</small> </div> | | |

* additional page attached

ATTACHMENT
40050053
755354

Box 11.

Additions/Changes to Officers and Directors in 10

| | | | |
|----------------|---------------------------------------|-------------------------|-------------------------------------|
| Title | <input checked="" type="checkbox"/> D | Second Vice President | <input type="checkbox"/> X Addition |
| Name | | Susie Hall | |
| Street Address | | 3889 S Atlantic Avenue | |
| City-ST-Zip | | Daytona Beach, FL 32118 | |