

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L78061**

1. Entity Name  
INSTITUTE OF CHILD ADVOCACY, INC.



Principal Place of Business  
% PETER A MUSANTE SR  
2449 TIMBERCREST CIRW.  
CLERCK, FL 33763 US

Mailing Address  
% PETER A MUSANTE SR  
P.O. BOX 8068  
CLERCK, FL 33758 US



03122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0202111

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MUSANTE SR, PETER A.  
TIMBERCREST CIR. WEST  
CLEARWATER, FL 33763

**DO NOT WRITE  
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

1100000263347  
03/14/05-80074-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANNA, ALFRED A JR 2449 TIMBERCREST CIRCLE W CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, TERRANCE P 2449 TIMBERCREST CIRCLE W CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSANTE, PETER A SR 2449 TIMBERCRESTR CIRCLE W CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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:** *Peter A. Musante Sr* **Peter A. MUSANTE SR** 3/11/05 727-726-1123  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DIRECTOR** Date Daytime Phone #