


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90033 027 \*\*\*\*70.00

<b>DOCUMENT # N00000001040</b>		
1. Entity Name <b>CHILD ADVOCACY CENTER, INC.</b>		

Principal Place of Business <b>2720 N.E. 20TH WAY GAINESVILLE, FL 32609</b>	Mailing Address <b>P.O. BOX 1128 GAINESVILLE, FL 32602</b>
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**50015749**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JONES, LIZ 5915 NW 27 AVE. GAINESVILLE, FL 32606		Name <u>Katie Tanner</u> Street Address (P.O. Box Number is Not Acceptable) <u>2720 NE 20th Way</u> City <u>Gainesville</u> FL Zip Code <u>32609</u>	

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 Katie Tanner Katie Tanner, President DATE 2/15/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DEIDRA CAIN 10213 N.W. 20TH STREET ALACHUA, FL 32615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scott Schroeder 4130 NW 16 Blvd Gainesville FL 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRINGTON, JAY 912 NW 56TH TERRACE GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Leslie Bram PO Box 14425 Gainesville FL 32604 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, LIZ 5915 NW 27TH AVE. GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, MARILYN 425 SW 88TH TERRACE GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUBANKS, BOBBIE LEE 2772 NW 43 ST., STE. 3 GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: Katie Tanner Katie Tanner DATE 2/15/05 DAYTIME PHONE # 352-376-9161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR