## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000001040

Entity Name: CHILD ADVOCACY CENTER, INC.

FILED Jun 13, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2720 N.E. 20TH WAY GAINESVILLE, FL 32609

Current Mailing Address: New Mailing Address:

P.O. BOX 1128 GAINESVILLE, FL 32602

FEI Number: 31-1705396 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TANNER, KATIE KITCHENS, SHERRY 2720 NE 20TH WAY 2720 NE 20TH WAY

GAINESVILLE, FL 32609 US GAINESVILLE, FL 32609 US

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.

SIGNATURE: SHERRY KITCHENS 06/13/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D ( ) Delete Title: D/VP (X) Change ( ) Addition

 Name:
 SMITH, DEIDRA CAIN
 Name:
 FERRERO, DENISE

 Address:
 10213 N.W. 20TH STREET
 Address:
 P.O. BOX 2519

 City-St-Zip:
 ALACHUA, FL 32615
 City-St-Zip:
 GAINESVILLE, FL 32606

Title: D ( ) Delete Title: D/S (X) Change ( ) Addition Name: HERRINGTON, JAY Name: DOBBIN, ELIZABETH

Address: 912 NW 56TH TERRACE Address: 4131 NW 28TH LANE SUITE 4
City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: GAINESVILLE, FL 32606

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D/T} \qquad {\sf (X) Change () Addition}$ 

 Name:
 JONES, LIZ
 Name:
 JONES, LIZ

 Address:
 5915 NW 27TH AVE.
 Address:
 5915 NW 27TH AVE.

 City-St-Zip:
 GAINESVILLE, FL 32606
 City-St-Zip:
 GAINESVILLE, FL 32606

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D/P} \qquad {\sf (X) Change () Addition}$ 

 Name:
 SCHROEDER, SCOTT
 Name:
 SCHROEDER, SCOTT

 Address:
 4130 NW 16 BLVD
 Address:
 4130 NW 16 BLVD

 City-St-Zip:
 GAINESVILLE, FL 32605
 City-St-Zip:
 GAINESVILLE, FL 32605

Title: D ( ) Delete Title: D/PP (X) Change ( ) Addition

 Name:
 EUBANKS, BOBBIE LEE
 Name:
 EUBANKS, BOBBIE LEE

 Address:
 2772 NW 43 ST., STE. 3
 Address:
 2772 NW 43 ST., STE. 3

 City-St-Zip:
 GAINESVILLE, FL 32606
 City-St-Zip:
 GAINESVILLE, FL 32606

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BRAM, LESLIE
 Name:

 Address:
 PO BOX 14425
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32604
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY KITCHENS EXD 06/13/2006