# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 31, 2007**
**Secretary of State**

DOCUMENT# N00000001040

**Entity Name:** CHILD ADVOCACY CENTER, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1128
GAINESVILLE, FL 32602

**New Mailing Address:**

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

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

KITCHENS, SHERRY
2720 NE 20TH WAY
GAINESVILLE, FL 32609 US

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

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: D/VP ( ) Delete
Name: FERRERO, DENISE
Address: P.O. BOX 2519
City-St-Zip: GAINESVILLE, FL 32606

Title: D/S ( ) Delete
Name: DOBBIN, ELIZABETH
Address: 4131 NW 28TH LANE SUITE 4
City-St-Zip: GAINESVILLE, FL 32606

Title: D/T ( ) Delete
Name: JONES, LIZ
Address: 5915 NW 27TH AVE.
City-St-Zip: GAINESVILLE, FL 32606

Title: D/P ( ) Delete
Name: SCHROEDER, SCOTT
Address: 4130 NW 16 BLVD
City-St-Zip: GAINESVILLE, FL 32605

Title: D/PP ( ) Delete
Name: EUBANKS, BOBBIE LEE
Address: 2772 NW 43 ST., STE. 3
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete
Name: BRAM, LESLIE
Address: PO BOX 14425
City-St-Zip: GAINESVILLE, FL 32604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: JONES, LIZ
Address: 5915 NW 27TH AVE.
City-St-Zip: GAINESVILLE, FL 32606

Title: D/PP (X) Change ( ) Addition
Name: SCHROEDER, SCOTT
Address: 4130 NW 16 BLVD
City-St-Zip: GAINESVILLE, FL 32605

Title: D/T (X) Change ( ) Addition
Name: GALASSO, DAN
Address: 31 SW 84TH ST
City-St-Zip: GAINESVILLE, FL 32607

Title: D/P (X) Change ( ) Addition
Name: BRAM, LESLIE
Address: PO BOX 14425
City-St-Zip: GAINESVILLE, FL 32604

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 P 01/31/2007

Electronic Signature of Signing Officer or Director — Date