2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
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:

901 N.W 8TH AVE
SUITE B 3-5
GAINESVILLE, FL 32601

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 (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KITCHENS, SHERRY
901 N.W 8TH AVE
SUITE B 3-5
GAINESVILLE, FL 32601 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: 01/21/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete
Name: FERRERO, DENISE
Address: 2312 N.W. 14TH PLACE
City-St-Zip: GAINESVILLE, FL 32605 US

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

Title: O/VP (X) Delete
Name: STAVROPOULOS, FRANCI
Address: 5236 N.W. 47TH LANE
City-St-Zip: GAINESVILLE, FL 32606 US

Title: O/D ( ) Delete
Name: KITCHENS, SHERRY
Address: 9383 S.W. 28TH ROAD
City-St-Zip: GAINESVILLE, FL 32608 US

Title: O/T ( ) Delete
Name: GALASSO, DAN
Address: 31 SW 84TH ST
City-St-Zip: GAINESVILLE, FL 32607

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D/S (X) Change ( ) Addition
Name: LIQUORI, CAROL
Address: 5216 N.W. 47TH LANE
City-St-Zip: GAINESVILLE, FL 32606 US

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

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

Title: O/T (X) Change ( ) Addition
Name: MILLER, ANNA
Address: 3216 N.W. 62ND AVE
City-St-Zip: GAINESVILLE, FL 32653

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

I hereby certify that the information supplied with this filing does not qualify 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 O/D 01/21/2009
Electronic Signature of Signing Officer or Director — Date