2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

2. Principal Place of Business

Suite, Apt. #, etc.

GODLEY, KAREN

2720 NE 20TH WAY GAINESVILLE FL 32609

City & State

Zip

SIGNATURE

DOCUMENT # NOOOOOO1040 I. Entity Name CHILD ADVOCACY CENTER, INC.		
Principal Place of Business	Mailing Address	
720 N.E. 20TH WAY AINESVILLE FL 32601	P.O. BOX 1128 GAINESVILLE FL 32602	

3. Mailing Address

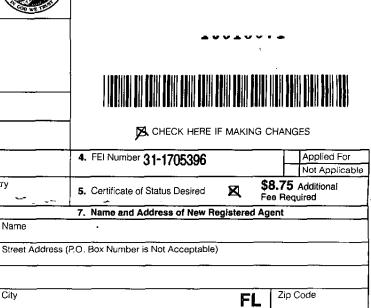
City & State

Zip

Suite, Apt. #, etc.

FILED Jan 27, 2003 8:00 am **Secretary of State**

01-27-2003 90373 004 ****70.00



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8.	. The above named entity submits this statement for the purpose of changing its registered off	fice or registered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.		

Country

FILE	NOW:	FEE	IS	\$61.	.25

9. Election Campaign Financing

Trust Fund Contribution.

(NOTE: Registered Agent signature required when reinstating)

Added to Fees

\$5.00 May Be

Make Check Payable to Florida Department of State

DATE

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAM, LESLIE 2012 WEST UNIVERSITY AVE. GAINESVILLE FL 32604	▼ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smith; Deidracc 102135NW 20th S Alachua FL 3261	treet	□x Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRINGTON, JAY 912 NW 56TH TERRACE GAINESVILLE FL 32605	☐ Delete	TITLE NAME STREET ADDRESS CITY_ST_ZIP	and the second second		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, LIZ 5915 NW 27TH AVE. GAINESVILLE FL 32606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, MARILYN 425 SW 88TH TERRACE GAINESVILLE FL 32607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	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:

1/22/02

(352) 376-9161