2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005960

FILED Apr 26, 2005 Secretary of State

Entity Name: CHILDREN'S ADVOCACY CENTER FOR OSCEOLA COUNTY, INC.

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

1605B JOHN YOUNG PARKWAY KISSIMMEE, FL 34741

Current Mailing Address: New Mailing Address:

1605B JOHN YOUNG PARKWAY KISSIMMEE, FL 34741

FEI Number: 30-0141916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JÖNES, STACY M.

IWANSKI, FRANK

CHILDREN'S ADVOCACY CENTER FOR OSCEOLA
1605B JOHN YOUNG PARKWAY

KISSIMMEE, FL 34741 US

CHILDREN'S ADVOCACY CENTER FOR OSCEOLA
1605B JOHN YOUNG PARKWAY

KISSIMMEE, FL 34741 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: STACY M. JONES 04/26/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 WEIMER, MARK
 Name:
 JONES, STACY

 Address:
 8 NORTH STEWART AVE.
 Address:
 1605 B JOHN YOUNG PARKWAY

 City-St-Zip:
 KISSIMMEE, FL 34741
 City-St-Zip:
 KISSIMMEE, FL 34741

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

 Name:
 QUINN, NICOLE
 Name:
 DIGIACOMO, JIM

 Address:
 135 W. CENTRAL BLVD., SUITE 1150
 Address:
 817 BILL BECK BLVD

 City-St-Zip:
 ORLANDO, FL 32801
 City-St-Zip:
 KISSIMMEE, FL 34744

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

Name: DUBROUILLET, CINDY Name: NORWALK, DONALD

Address: 415 N. ORANGE AVENUE 2ND FLOOR Address: 3365 WEST VINE STREET, SUITE 207

City-St-Zip: ORLANDO, FL 32801 City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STACY M. JONES D 04/26/2005