

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005960

FILED
Apr 25, 2006
Secretary of State

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

Current Principal Place of Business:

1605B JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

1605B JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 30-0141916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, STACY M
CHILDREN'S ADVOCACY CENTER FOR OSCEOLA
1605B JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741 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 () Delete
Name: JONES, STACY
Address: 1605 B JOHN YOUNG PARKWAY
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: DIGIACOMO, JIM
Address: 817 BILL BECK BLVD
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: NORWALK, DONALD
Address: 3365 WEST VINE STREET, SUITE 207
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
Name:
Address:
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: STACY M. JONES

D

04/25/2006

Electronic Signature of Signing Officer or Director

Date