## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005960

FILED Apr 27, 2007 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: JONES, STACY M CHUBA, JOY E CHILDREN'S ADVOCACY CENTER FOR OSCEOLA CHILDREN'S ADVOCACY CENTER FOR OSCEOLA 1605B JOHN YOUNG PARKWY 1605B JOHN YOUNG PARKWY KISSIMMEE, FL 34741 US 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: JOY E. CHUBA 04/27/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition JONES, STACY CHUBA, JOY E Name: Name: 1605 B JOHN YOUNG PARKWAY Address: 1605 B JOHN YOUNG PARKWAY Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: KISSIMMEE, FL 34741 Title: Title: () Delete (X) Change ( ) Addition DIGIACOMO, JIM Name: OWEN, PAUL Name: Address: 817 BILL BECK BLVD Address: 1 COURTHOUSE SQUARE, SUITE 4700 City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: KISSIMMEE, FL 34741 Title: () Delete Title: (X) Change ( ) Addition NORWALK, DONALD Name: NORWALK, DONALD Name: 3365 WEST VINE STREET, SUITE 207 3365 WEST VINE STREET, SUITE 207 Address: Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: KISSIMMEE, FL 34741 ( ) Change (X) Addition Title: () Delete Title: DIGIACOMO, JIM Name: Name: 817 BILL BECK BLVD Address: Address: City-St-Zip: City-St-Zip: KISSIMMEE, FL 34744 Title: () Delete Title: ( ) Change (X) Addition CRUTCHFIELD, SUSAN Name: Name: 1502 B VILLAGE OAK LANE Address: Address: City-St-Zip: City-St-Zip: KISSIMMEE, FL 34746 Title: () Delete Title: ( ) Change (X) Addition HAWKINS, FRED Name: Name: Address: Address: 3725 HICKORY TREE ROAD ST. CLOUD, FL 34772 City-St-Zip: 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: JOY E. CHUBA D 04/27/2007