


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90028 025 \*\*\*\*61.25

<b>DOCUMENT # N02000005960</b> 1. Entity Name <b>CHILDREN'S ADVOCACY CENTER FOR OSCEOLA COUNTY, INC.</b>			
Principal Place of Business <b>1605B JOHN YOUNG PARKWAY KISSIMMEE, FL 34741</b>		Mailing Address <b>1605B JOHN YOUNG PARKWAY KISSIMMEE, FL 34741</b>	
2. Principal Place of Business - No P.O. Box # <b>1605 B John Young Parkway</b> Suite, Apt. #, etc. <b>Suite #1611</b> City & State <b>Kissimmee, FL</b> Zip <b>34741</b>		3. Mailing Address <b>1605 B John Young Parkway</b> Suite, Apt. #, etc. <b>Suite #1611</b> City & State <b>Kissimmee, FL</b> Zip <b>34741</b>	
4. FEI Number <b>30-0141916</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CHUBA, JOY E CHILDREN'S ADVOCACY CENTER FOR OSCEOLA 1605B JOHN YOUNG PARKWAY, Suite #1611 KISSIMMEE, FL 34741</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUBA, JOY E 1605 B JOHN YOUNG PARKWAY KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Geroux, Sandy 3760 Manted Circle Orlando, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OWEN, PAUL 1 COURTHOUSE SQUARE, SUITE 4700 KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O NORWALK, DONALD 3365 WEST VINE STREET, SUITE 207 KISSIMMEE, FL 34741	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O DIGIACOMO, JIM 817 BILL BECK BLVD KISSIMMEE, FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O CRUTCHFIELD, SUSAN 1502 B VILLAGE OAK LANE KISSIMMEE, FL 34746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O HAWKINS, FRED 3725 HICKORY TREE ROAD ST. CLOUD, FL 34772	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
<b>SIGNATURE:</b> <u>Joy E. Chuba</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/25/08 (407) 518-6936 x235 <small>Date Daytime Phone #</small>	