

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002160

FILED
Apr 13, 2007
Secretary of State

Entity Name: NORTH STAR CHILD ADVOCACY CENTER, INC.

Current Principal Place of Business:

P.O. BOX 120382
CLERMONT, FL 34712

New Principal Place of Business:

629 1/2 ELEVENTH STREET
CLERMONT, FL 34711

Current Mailing Address:

P.O. BOX 120382
CLERMONT, FL 34712

New Mailing Address:

FEI Number: 30-0156866 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HANES, SCOTT B
629 1/2 ELEVENTH STREET
CLERMONT, FL 34711 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: HANES, REBECCA
Address: P.O. BOX 1312
City-St-Zip: ZELLWOOD, FL 32798

Title: D () Delete
Name: COX, SANDRA L
Address: P.O. BOX 120382
City-St-Zip: CLERMONT, FL 34712

Title: S () Delete
Name: WRAGG, ROBERT J
Address: P.O. BOX 120382
City-St-Zip: CLERMONT, FL 34712

Title: T () Delete
Name: HANES, SCOTT
Address: P.O. BOX 1312
City-St-Zip: ZELLWOOD, FL 32798

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:

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: SANDRA L. COX

DIR

04/13/2007

Electronic Signature of Signing Officer or Director

Date