

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002160

**FILED**  
**Mar 10, 2012**  
**Secretary of State**

**Entity Name:** NORTH STAR CHILD ADVOCACY CENTER, INC.

**Current Principal Place of Business:**

629 ELEVENTH STREET  
CLERMONT, FL 34711

**New Principal Place of Business:**

**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:**

ABRAMS, SANDRA L  
629 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:** PD  
**Name:** HANES, REBECCA  
**Address:** P.O. BOX 120382  
**City-St-Zip:** CLERMONT, FL 34712

**Title:** PD  
**Name:** ABRAMS, SANDRA L  
**Address:** P.O. BOX 120382  
**City-St-Zip:** CLERMONT, FL 34712

I hereby 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 all other like empowered.

**SIGNATURE:** SANDRA L ABRAMS

DIR

03/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date