


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90038 003 ****61.25

DOCUMENT # N03000006837					
1. Entity Name CHILDREN'S ADVOCACY CENTER OF HERNANDO COUNTY, INC.					
Principal Place of Business C/O KAREN NICOLAI 20 N. MAIN STREET ROOM 130 BROOKSVILLE, FL 34601			Mailing Address C/O KAREN NICOLAI 20 N. MAIN STREET ROOM 130 BROOKSVILLE, FL 34601		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0572767	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NICOLAI, KAREN 20 N. MAIN STREET ROOM 130 BROOKSVILLE, FL 34601			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EO CLAIBORNE, MARIAN 275 OAK STREET BROOKSVILLE, FL 34601		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
DS EVERETT, JUDY 900 EMERSON ROAD BROOKSVILLE, FL 34601		<input type="checkbox"/> Delete		D SWEINBERG, BARBARA 7561 Gates Circle Spring Hill, FL 34606	
DT NICOLAI, KAREN 20 N. MAIN ST ROOM #138 BROOKSVILLE, FL 34601		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
DV SMITH, DORCAS 5041 GASTON ST. SPRING HILL, FL 34607		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
_____ _____ _____		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
_____ _____ _____		<input type="checkbox"/> Delete		<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.					
SIGNATURE: <u>Karen Nicolai</u> <u>Karen Nicolai</u> <u>2/8/06</u> <u>352-734-4206</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					