

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04160**

1. Entity Name  
**ADVOCATES FOR CHILDREN, INC.**



Principal Place of Business  
**533 S. 11TH ST  
BAY COUNTY JUVENILE COURTHOUSE  
PANAMA CITY, FL 32401 US**

Mailing Address  
**P.O. BOX 1521  
PANAMA CITY, FL 32402**



01092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GUSMUS, MARK  
501 W 19TH ST  
PANAMA CITY, FL 32405**

**DO NOT WRITE  
IN THIS SPACE**

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

*Signature, typed or printed name of registered agent and title if applicable*

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KRAWCZYN, JOREY
STREET ADDRESS	P.O. BOX 9081
CITY-ST-ZIP	PANAMA CITY, FL 32417
TITLE	D
NAME	DOWDY, EMILY
STREET ADDRESS	P.O. BOX 32417
CITY-ST-ZIP	PANAMA CITY BCH, FL 32402
TITLE	TD
NAME	GUSMUS, MARK
STREET ADDRESS	501 19TH ST
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	VD
NAME	O'CONNOR, NANCY
STREET ADDRESS	914 HARRISON AVENUE
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000779978  
01/14/08-80003-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARK GUSMUS**

Date

**1/10/08**

Daytime Phone #

**850-769-9499**