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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17145

1. Corporation Name

THIRD JUDICIAL CIRCUIT CHILDREN'S ADVOCACY CORPORATION

Principal Place of Business

P.O. BOX 3008
LAKE CITY FL 32056

Mailing Address

P.O. BOX 3008
LAKE CITY FL 32056



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/07/1986

4. FEI Number

59-2864415

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

~~BRENNAN, CINDI~~
~~ROUTE 2, BOX 350-A~~
~~LAKE CITY FL 32055~~
Debra E. Kinsey
P.O. Box 3008
LAKE CITY FL 32056

10. Name and Address of New Registered Agent

81 Name
Debra E. Kinsey
82 Street Address (P.O. Box Number is Not Acceptable)
145 North Hernando Street, Basement Level
83 **Columbia County Courthouse**
84 City
Lake City **FL** 85 Zip Code
32055

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Debra E. Kinsey

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRENNAN, CINDI	
STREET ADDRESS	ROUTE 2, BOX 350-A	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GILL, PAUL	
STREET ADDRESS	880 EAST BAY AVENUE	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	KINSEY, DEBRA E	
STREET ADDRESS	P O BOX 3008 NA	
CITY-ST-ZIP	LAKE CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VIELE, MARGARET	
1.3 STREET ADDRESS	P.O. Box 1600	
1.4 CITY-ST-ZIP	Cross City, Florida 32628	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Debra E. Kinsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBRA E. KINSEY, ED, 3/19/99 (904) 758-1170

Date

Daytime Phone #

CR2E037 (11/98)