

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90007 010 ****70.00

40009914



DOCUMENT # N96000001222					
1. Entity Name FLORIDA NETWORK OF CHILDREN'S ADVOCACY CENTERS, INC.					
Principal Place of Business 115 WEST GREEN STREET SUITE 222 PERRY, FL 32347		Mailing Address PO BOX 335 PERRY, FL 32348			
2. Principal Place of Business - No P.O. Box # 115 West Green Street		3. Mailing Address			
Suite, Apt. #, etc. Suite 228		Suite, Apt. #, etc.			
City & State Perry, Florida		City & State			
Zip 32347		Country USA		4. FEI Number 59-3496460	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Chg-NP		CR2E037 (12/06)	
6. Name and Address of Current Registered Agent WILLIAMS, SONDR 115 WEST GREEN STREET SUITE 222 PERRY, FL 32347		7. Name and Address of New Registered Agent Name: Sondra Williams Street Address (P.O. Box Number is Not Acceptable): 115 West Green Street Suite 228 City: Perry FL Zip Code: 32347			
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: <i>Sondra Williams</i> DATE: 2/5/07					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JILL, TURNER		NAME		
STREET ADDRESS	3900 BROADWAY - SUITE B-1		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HURST, JULIE		NAME		
STREET ADDRESS	POST OFFICE BOX 1237		STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE, FL 32588		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MACENTEE, DIANE		NAME	SD Elna Davison	
STREET ADDRESS	TWO SUNTREE PLACE		STREET ADDRESS	310 Blount Street, Suite 215	
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP	Tallahassee FL 32301	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUKER, PATSY		NAME		
STREET ADDRESS	8800 49TH STREET NORTH - SUITE 410		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33782		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, SONDR		NAME	CEO Sondra Williams	
STREET ADDRESS	135 SPRINGHILL ROAD		STREET ADDRESS	135 Springhill Rd	
CITY-ST-ZIP	PERRY, FL 32347		CITY-ST-ZIP	Perry, FL 32348	
TITLE	DAL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DURDEN, WAYNE		NAME		
STREET ADDRESS	P.O. BOX 9000		STREET ADDRESS		
CITY-ST-ZIP	BARTOW, FL 33831		CITY-ST-ZIP		
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: <i>Sondra Williams</i>		DATE: 2/5/07		DAYTIME PHONE: 850-584-4791	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	