


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90024 038 ****61.25

DOCUMENT # N96000001222

1. Entity Name
 FLORIDA NETWORK OF CHILDREN'S ADVOCACY CENTERS, INC.



Principal Place of Business
 115 WEST GREEN STREET
 STE 228
 PERRY, FL 32347

Mailing Address
 PO BOX 335
 PERRY, FL 32348



2. Principal Place of Business - No P.O. Box #
 370 Office Plaza Drive

3. Mailing Address
 Suite, Apt. #, etc.
 370 Office Plaza Dr.

City & State
 Tallahassee, FL

City & State
 Tallahassee, FL

Zip
 32301

Country
 US

Zip
 32301

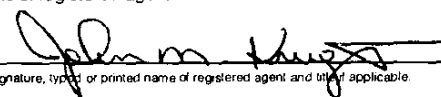
Country
 US

02272008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
 WILLIAMS, SONDR
 115 WEST GREEN STREET
 STE 228
 PERRY, FL 32347

7. Name and Address of New Registered Agent
 Name
 John M. Knight
 Street Address (P.O. Box Number is Not Acceptable)
 370 Office Plaza Dr.
 City
 Tallahassee FL Zip Code
 32301

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  DATE 2/28/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JILL, TURNER	
STREET ADDRESS	3900 BROADWAY - SUITE B-1	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HURST, JULIE	
STREET ADDRESS	POST OFFICE BOX 1237	
CITY-ST-ZIP	NICEVILLE, FL 32588	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DAVISON, GINA	
STREET ADDRESS	310 BLOUNT STREET STE 215	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BUKER, PATSY	
STREET ADDRESS	8800 49TH STREET NORTH - SUITE 410	
CITY-ST-ZIP	PINELLAS PARK, FL 33782	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, SONDR	
STREET ADDRESS	135 SPRINGHILL RD	
CITY-ST-ZIP	PERRY, FL 32348	
TITLE	DAL	<input type="checkbox"/> Delete
NAME	DURDEN, WAYNE	
STREET ADDRESS	P.O. BOX 9000	
CITY-ST-ZIP	BARTOW, FL 33831	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hurst, Julie	
STREET ADDRESS	P.O. Box 1237	
CITY-ST-ZIP	Niceville, FL 32588	
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sokol, Patricia	
STREET ADDRESS	2131 SW 22d Place	
CITY-ST-ZIP	Ocala, FL 34474	
TITLE	SD SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barry, Maryann	
STREET ADDRESS	1101 W. International Speedway Blvd	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Turner, Jill	
STREET ADDRESS	3900 Broadway, Ste B-1	
CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Knight, John M	
STREET ADDRESS	370 Office Plaza Dr.	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  DATE 2/28/08 DAYTIME PHONE # (850) 671-4791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR