

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001222

FILED
Feb 12, 2009
Secretary of State

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

Current Principal Place of Business:

370 OFFICE PLAZA DRIVE
STE 228
TALLAHASSEE, FL 32301

New Principal Place of Business:

370 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301

Current Mailing Address:

370 OFFICE PLAZA DRIVE
STE 228
TALLAHASSEE, FL 32301

New Mailing Address:

370 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301

FEI Number: 59-3496460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT, JOHN M
370 OFFICE PLAZA DR
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HURST, JULIE
Address: PO BOX 1237
City-St-Zip: NICEVILLE, FL 32588

Title: VD () Delete
Name: SOKOL, PATRICIA
Address: 2131 SW 22ND PLACE
City-St-Zip: OCALA, FL 34474

Title: SD () Delete
Name: BARRY, MARYANN
Address: 1101 W. INTERNATIONAL SPEEDWAY BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD () Delete
Name: TURNER, JILL
Address: 3900 BROADWAY STE. B-1
City-St-Zip: FORT MYERS, FL 33901

Title: CEO () Delete
Name: KNIGHT, JOHN M
Address: 370 OFFICE PLAZA
City-St-Zip: TALLAHASSEE, FL 32301

Title: DAL () Delete
Name: DURDEN, WAYNE
Address: P.O. BOX 9000
City-St-Zip: BARTOW, FL 33831

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M KNIGHT

CEO

02/12/2009

Electronic Signature of Signing Officer or Director

Date