

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/27/2004-90003-026-\$70.00-\$70.00

DOCUMENT # N98000003642					
1. Entity Name NORTH CENTRAL FLORIDA SEXUAL ASSAULT CENTER, INC.					
Principal Place of Business 1149 SW MAIN BLVD. LAKE CITY, FL 32025			Mailing Address 7591 180TH ST. MCALPIN, FL 32062		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3521746	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BOWEN, BECKY 7591 180TH ST. MCALPIN, FL 32062				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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: <u>Becky J. Bowen</u> <i>N/A Sorry</i>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE PD	NAME DELBENE, JUDY	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME Larry Radke	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS RT4 BOX 330	CITY-ST-ZIP LAKE CITY, FL 32024		STREET ADDRESS 291 NW Main Blvd.	CITY-ST-ZIP Lake City, FL 32055	
TITLE TD	NAME CHARLES, JOSEPH DR.	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 861 N.W. EADIE STREET	CITY-ST-ZIP LAKE CITY, FL 32055		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VP	NAME RODRIGUEZ, SALLY	<input type="checkbox"/> Delete	TITLE Secretary	NAME 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 520 N.W. SUGAR CANE PLACE	CITY-ST-ZIP LAKE CITY, FL 32055		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE SD	NAME FIELDS, NANCY	<input checked="" type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5351 104TH TERRACE	CITY-ST-ZIP LIVE OAK, FL 32060		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE MD	NAME BOWEN, BECKY	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7591 180TH STREET	CITY-ST-ZIP MC ALPIN, FL 32062		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VP	NAME Tammy Mobley	<input type="checkbox"/> Delete	TITLE VP	NAME 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 619 5th St	CITY-ST-ZIP Live Oak, FL 32060		STREET ADDRESS 	CITY-ST-ZIP 	
12. 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 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: <u>Becky J. Bowen</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>9-22-04</u>					
Daytime Phone #: <u>386-719-9287</u> <u>386-963-1145</u>					

FILED

04 OCT -8 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09222004 Chg-NP CR2E037 (10/03)