


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

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
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01182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3521746	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOWEN, BECKY 7591 180TH ST. MCALPIN, FL 32062

**DO NOT WRITE
IN THIS SPACE**

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 Becky J. Bowen / Becky J. Bowen **DATE** 1-20-05

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	RADKE, LARRY
STREET ADDRESS	291 NW MAIN BLVD
CITY- ST- ZIP	LAKE CITY, FL 32055
TITLE	TD
NAME	CHARLES, JOSEPH DR.
STREET ADDRESS	861 N.W. EADIE STREET
CITY- ST- ZIP	LAKE CITY, FL 32055
TITLE	S
NAME	RODRIGUEZ, SALLY
STREET ADDRESS	520 N.W. SUGAR CANE PLACE
CITY- ST- ZIP	LAKE CITY, FL 32055
TITLE	V
NAME	MOBLEY, TAMMY
STREET ADDRESS	619 5TH ST
CITY- ST- ZIP	LIVE OAK, FL 32060
TITLE	MD
NAME	BOWEN, BECKY
STREET ADDRESS	7591 180TH STREET
CITY- ST- ZIP	MC ALPIN, FL 32062
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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02/03/05-80074-007 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Becky J. Bowen / Becky J. Bowen **DATE** 1-20-05 (386-719-9287)