

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003642

FILED  
Feb 02, 2006  
Secretary of State

**Entity Name:** NORTH CENTRAL FLORIDA SEXUAL ASSAULT CENTER, INC.

**Current Principal Place of Business:**

1149 SW MAIN BLVD.  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

7591 180TH ST.  
MCALPIN, FL 32062

**New Mailing Address:**

**FEI Number:** 59-3521746

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOWEN, BECKY  
7591 180TH ST.  
MCALPIN, FL 32062 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: RADKE, LARRY  
Address: 291 NW MAIN BLVD  
City-St-Zip: LAKE CITY, FL 32055

Title: TD ( ) Delete  
Name: CHARLES, JOSEPH DR.  
Address: 861 N.W. EADIE STREET  
City-St-Zip: LAKE CITY, FL 32055

Title: S ( ) Delete  
Name: RODRIQUEZ, SALLY  
Address: 520 N.W. SUGAR CANE PLACE  
City-St-Zip: LAKE CITY, FL 32055

Title: V ( ) Delete  
Name: MOBLEY, TAMMY  
Address: 619 5TH ST  
City-St-Zip: LIVE OAK, FL 32060

Title: MD ( ) Delete  
Name: BOWEN, BECKY  
Address: 7591 180TH STREET  
City-St-Zip: MC ALPIN, FL 32062

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: CHARLES, JOSEPH DR.  
Address: 440 PRIMETER GLEN  
City-St-Zip: LAKE CITY, FL 32025

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

Title: V (X) Change ( ) Addition  
Name: BLUME-LLOYD, MARYANN M.H.C.  
Address: 619 5TH ST  
City-St-Zip: LIVE OAK, FL 32060

Title: ED (X) Change ( ) Addition  
Name: BOWEN, BECKY  
Address: 7591 180TH STREET  
City-St-Zip: MC ALPIN, FL 32062

Title: CP ( ) Change (X) Addition  
Name: ROY, LYNNE  
Address: P.O. BOX 124  
City-St-Zip: LIVE OAK, FL 32060

I hereby certify that the information supplied with this filing does not qualify for the 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: BECKY BOWEN

ED

02/02/2006

Electronic Signature of Signing Officer or Director

Date