2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002860

FILED Feb 21, 2005 Secretary of State

Entity Name: THE MARION COUNTY CHILDREN'S ADVOCACY CENTER, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
2131 SW 2 SUITE 101 OCALA, FI					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
2131 SW 2 SUITE 101 OCALA, FI					
FEI Number:	59-3575631	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:	
2131 SW 2 SUITE 101 OCALA, FI The above	_ 34474 US named entity su	bmits this statement for the p	urpose of changing its register	red office or registered agent, or both,	
	e of Florida.				
SIGNATUF		Signature of Registered Age	nt	 Date	
OFFICERS	S AND DIRECTO	-		GES TO OFFICERS AND DIRECTORS	
Γitle: Name:	D () D THOMAS, DON		Title: Name:	() Change () Addition	
	1601 W GULF AT WILDWOOD, FL		Address: City-St-Zip:		
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:		34785 elete / SUITE 206		()Change ()Addition	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	WILDWOOD, FL D () D FORIGNO, KELLY 235 S. MAIN ST. S	34785 elete / SUITE 206 . 32601 elete IEL CHIEF DEPARTMENT	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
City-St-Zip: Fitle: Name: Address:	WILDWOOD, FL D () D FORIGNO, KELLY 235 S. MAIN ST. S GAINESVILLE, FL D () D WILLIAMS, SAMU OCALA POLICE D	34785 elete SUITE 206 32601 elete JEL CHIEF DEPARTMENT 8 elete	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		
City-St-Zip: City-St-Zip:	D () D FORIGNO, KELLY 235 S. MAIN ST. S GAINESVILLE, FL D () D WILLIAMS, SAMU OCALA POLICE D OCALA, FL 3447. D () D DEAN, ED 692 N.W. 30TH AV	34785 elete SUITE 206 32601 elete EL CHIEF DEPARTMENT 8 elete VE. 8	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	()Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA TENNANT SOKOL DR. 02/21/2005