
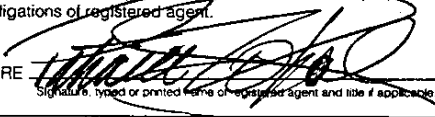
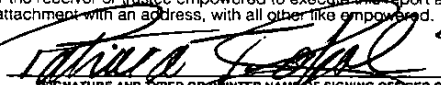


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90004 049 ****61.25

DOCUMENT # N99000002860					
1. Entity Name THE MARION COUNTY CHILDREN'S ADVOCACY CENTER, INC.					
Principal Place of Business 2131 SW 22ND PLACE SUITE 101 OCALA, FL 34474			Mailing Address 2131 SW 22ND PLACE SUITE 101 OCALA, FL 34474		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SOKOL, PATRICIA T DR 2131 SW 22ND PLACE SUITE 101 OCALA, FL 34474				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 		Patricia T. Sokol		March 1, 2006	
SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, DON		NAME	Chris E Boyd	
STREET ADDRESS	1601 W GULF ATLANTIC HWY		STREET ADDRESS	1700 SE 17th St, Suite 800	
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP	Ocala, FL 34471	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORIGNO, KELLY		NAME	Bill Evans	
STREET ADDRESS	235 S. MAIN ST. SUITE 206		STREET ADDRESS	PO Box 310	
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP	Ocala, FL 34478	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, SAMUEL CHIEF		NAME	Tuesday May 1st Court	
STREET ADDRESS	OCALA POLICE DEPARTMENT		STREET ADDRESS	3631 SW 5th Court	
CITY-ST-ZIP	OCALA, FL 34478		CITY-ST-ZIP	Ocala, FL 34474	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAN, ED		NAME	Russell Rasco	
STREET ADDRESS	692 N.W. 30TH AVE.		STREET ADDRESS	5664 SW 60th Ave	
CITY-ST-ZIP	OCALA, FL 34478		CITY-ST-ZIP	Ocala, FL 34474	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, BRAD		NAME	Astrida Trapovnicka	
STREET ADDRESS	19 N.W. PINE AVE.		STREET ADDRESS	PO Box 1270	
CITY-ST-ZIP	OCALA, FL 34475		CITY-ST-ZIP	Ocala, FL 34478	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANNON, JOE CPA		NAME	Kathy Richardson	
STREET ADDRESS	106 NE 14TH AVENUE		STREET ADDRESS	1517 SE 30th Ave, Suite 6	
CITY-ST-ZIP	OCALA, FL 34470		CITY-ST-ZIP	Ocala, FL 34471	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Patricia T. Sokol		03/01/06 352-893-4739	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	

90061001



01272006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3575631 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required