

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 15, 2007
Secretary of State**

DOCUMENT# N99000002860

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

Current Principal Place of Business:

2131 SW 22ND PLACE
SUITE 101
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

2131 SW 22ND PLACE
SUITE 101
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-3575631 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SOKOL, PATRICIA T DR
2131 SW 22ND PLACE
SUITE 101
OCALA, FL 34474 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: D () Delete
Name: THOMAS, DON
Address: 1601 W GULF ATLANTIC HWY
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: FORIGNO, KELLY
Address: 235 S. MAIN ST. SUITE 206
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: WILLIAMS, SAMUEL CHIEF
Address: OCALA POLICE DEPARTMENT
City-St-Zip: OCALA, FL 34478

Title: D () Delete
Name: DEAN, ED
Address: 692 N.W. 30TH AVE.
City-St-Zip: OCALA, FL 34478

Title: D () Delete
Name: KING, BRAD
Address: 19 N.W. PINE AVE.
City-St-Zip: OCALA, FL 34475

Title: D () Delete
Name: BRANNON, JOE CPA
Address: 106 NE 14TH AVENUE
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOYD, CHRIS
Address: 1720 SE 16TH STREET
City-St-Zip: OCALA, FL 34471

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA TENNANT SOKOL

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05/15/2007

Electronic Signature of Signing Officer or Director

Date