


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90185 034 ****70.00

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04302008		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3575631		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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	BOYD, CHRIS	NAME	Ken Ausley
STREET ADDRESS	1720 SE 16TH STREET	STREET ADDRESS	1521 SE 36th Ave.
CITY-ST-ZIP	OCALA, FL 34471	CITY-ST-ZIP	Ocala, FL 34471
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORIGNO, KELLY	NAME	Dennis Baxley
STREET ADDRESS	235 S. MAIN ST. SUITE 206	STREET ADDRESS	PO Box 2047
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	Sally Boyd
STREET ADDRESS	OCALA POLICE DEPARTMENT	STREET ADDRESS	1720 SE 16th St, Bldg 200
CITY-ST-ZIP	OCALA, FL 34478	CITY-ST-ZIP	Ocala, FL 34471
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAN, ED	NAME	Angelia Clifton
STREET ADDRESS	692 N.W. 30TH AVE.	STREET ADDRESS	1106 NE 23rd Ave
CITY-ST-ZIP	OCALA, FL 34478	CITY-ST-ZIP	Ocala, FL 34471
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, BRAD	NAME	Nancy Deichman
STREET ADDRESS	19 N.W. PINE AVE.	STREET ADDRESS	1910 SW 18th Ct, Bldg 100
CITY-ST-ZIP	OCALA, FL 34475	CITY-ST-ZIP	Ocala, FL 34471
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANNON, JOE CPA	NAME	J. Chaplin Dinkins
STREET ADDRESS	106 NE 14TH AVENUE	STREET ADDRESS	2631 SE 88th Ave
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 517, 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 individuals empowered.			
SIGNATURE: _____		Date: April 30, 2008	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	