

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002860

FILED
May 07, 2009
Secretary of State

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:

2131 SW 22ND PLACE
SUITE 101
OCALA, FL 34471

Current Mailing Address:

2131 SW 22ND PLACE
SUITE 101
OCALA, FL 34474

New Mailing Address:

2131 SW 22ND PLACE
SUITE 101
OCALA, FL 34471

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:

SOKOL, PATRICIA T DR
2131 SW 22ND PLACE
SUITE 101
OCALA, FL 34471 US

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: _____

05/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOYD, CHRIS
Address: 1720 SE 16TH STREET
City-St-Zip: Ocala, FL 34471

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: BRANNON, JOE CPA
Address: 106 NE 14TH AVENUE
City-St-Zip: Ocala, FL 34470

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: D () Change (X) Addition
Name: AUSLEY, KEN
Address: 1521 SE 36TH AVE.
City-St-Zip: Ocala, FL 34471

Title: D () Change (X) Addition
Name: BAXLEY, DENNIS K
Address: P O BOX 2047
City-St-Zip: Ocala, FL 34478

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 T. SOKOL

DR.

05/07/2009

Electronic Signature of Signing Officer or Director

Date