

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
 03-05-2001 90290 046 ****61.25

DOCUMENT # N99000005224

1. Entity Name
THE FRIENDS OF THE CHILDREN'S ADVOCACY CENTER OF

Principal Place of Business **Mailing Address**
2 SUNTREE PLACE **2 SUNTREE PLACE**
MELBOURNE FL 32940 **MELBOURNE FL 32940**

L0029505



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3596344** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD., STE 505
MELBOURNE FL 32901

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: **FEE IS \$61.25** **9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, RONALD 285 LAKEVIEW BLVD. COCOA FL 32922 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITTAKER, KENNETH 1692 W HIBISCUS BLVD MELBOURNE FL 32901 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUSER, CHARLOTTE 1005 CARRIGAN BLVD. MERRITT ISLAND FL 32952 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, KATHY 2725 JUDGE FRAN JAMIESON WAY, BLDG. D VIERA FL 32940 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, BARBARA 18 HARRISON ST. COCOA FL 32922 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFINGER, NORMAN 2725 JUDGE FRAN JAMIESON WAY BLDG D VIERA FL 32940 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P/D ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D HAMMACK, CAROL 112 SKYLINE BLVD. SATELLITE BEACH, FL 32937 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Carol S. Hammack* **2/28/01** **321-242-3922**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)