

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008668

FILED  
Jun 23, 2009  
Secretary of State

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

**Current Principal Place of Business:**

7655 WEST GULF TO LAKE HIGHWAY  
SUITE 12  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

7655 WEST GULF TO LAKE HIGHWAY  
SUITE 12  
CRYSTAL RIVER, FL 34429

**New Mailing Address:**

FEI Number: 20-5494335      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

**Name and Address of New Registered Agent:**

MORING, JACK A  
7655 WEST GULF TO LAKE HIGHWAY  
SUITE 12  
CRYSTAL RIVER, FL 34429 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P D ( ) Delete  
Name: GUINN, PORTIA DET.  
Address: 1 DR MARTIN LUTHER KING JR AVE  
City-St-Zip: INVERNESS, FL 344504994

Title: P D (X) Change ( ) Addition  
Name: GUINN, PORTIA DET.  
Address: 1 DR MARTIN LUTHER KING JR AVE  
City-St-Zip: INVERNESS, FL 34450

Title: VP D ( ) Delete  
Name: MORING, JACK A  
Address: 7655 W GULF TO LAKE HWY, STE 12  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D (X) Change ( ) Addition  
Name: JUDITH, MCBRIDE  
Address: 110 N. APOPKA AVENUE  
City-St-Zip: INVERNESS, FL 34450

Title: S D ( ) Delete  
Name: BOWERMASTER, MELISSA  
Address: 1 DR MARTIN LUTHER KING JR AVE  
City-St-Zip: INVERNESS, FL 344504994

Title: S D (X) Change ( ) Addition  
Name: BOWERMASTER, MELISSA  
Address: 4465 N. LECANTO AVE  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D ( ) Delete  
Name: LANGLEY, ALIDA  
Address: 110 NORTH APOPKA AVENUE  
City-St-Zip: INVERNESS, FL 34450

Title: D (X) Change ( ) Addition  
Name: LANGLEY, ALIDA  
Address: 7950 S. CHORON TERRACE  
City-St-Zip: FLORAL CITY, FL 34436

Title: D ( ) Delete  
Name: SCHENCK, KEITH M  
Address: 110 N APOPKA AVENUE  
City-St-Zip: INVERNESS, FL 34450

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

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

Title: D ( ) Change (X) Addition  
Name: STEWART, TERRI  
Address: 110 N. APOPKA AVENUE  
City-St-Zip: INVERNESS, FL 34450

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: JACK A. MORING

R.A.

06/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date