

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001040

**Entity Name:** CHILD ADVOCACY CENTER, INC.**Current Principal Place of Business:**500 E. UNIVERSITY AVE  
SUITE A  
GAINESVILLE, FL 32601**Current Mailing Address:**P.O. BOX 13454  
GAINESVILLE, FL 32604**FEI Number: 31-1705396****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KITCHENS, SHERRY  
500 E. UNIVERSITY AVE  
SUITE A  
GAINESVILLE, FL 32601 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**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | O/D                  |
| Name            | KITCHENS, SHERRY     |
| Address         | 9383 SW 28TH ROAD    |
| City-State-Zip: | GAINESVILLE FL 32608 |

|                 |                      |
|-----------------|----------------------|
| Title           | CHAIRMAN             |
| Name            | PURCELL, LEM         |
| Address         | 7201 NW 11TH PLACE   |
| City-State-Zip: | GAINESVILLE FL 32605 |

|                 |                              |
|-----------------|------------------------------|
| Title           | VC                           |
| Name            | CAMUCCIO, NICHOLAS           |
| Address         | 110 NW 1ST AVE<br>SUITE 5000 |
| City-State-Zip: | OCALA FL 34475               |

|                 |                      |
|-----------------|----------------------|
| Title           | SECRETARY            |
| Name            | ACARON, TARIN        |
| Address         | 10327 NW 34TH LANE   |
| City-State-Zip: | GAINESVILLE FL 32606 |

|                 |                        |
|-----------------|------------------------|
| Title           | TREASURER              |
| Name            | JOYNER, STACY          |
| Address         | 11406 NW 122ND TERRACE |
| City-State-Zip: | ALACHUA FL 32615       |

*I hereby 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 all other like empowered.*

**SIGNATURE: SHERRY KITCHENS****PRESIDENT/ CEO****03/21/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date