

2025 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:** Yes**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	P O BOX 13454
City-State-Zip:	GAINESVILLE FL 32604

Title	CHAIRMAN
Name	ROBERTS, JOHN
Address	P.O. BOX 13454
City-State-Zip:	GAINESVILLE FL 32604

Title	VC
Name	MALCOLM, TAMELIA
Address	P.O. BOX 13454
City-State-Zip:	GAINESVILLE FL 32604

Title	SECRETARY
Name	GREEN BROWN, SHIRLEY
Address	P.O. BOX 13454
City-State-Zip:	GAINESVILLE FL 32604

Title	TREASURER
Name	DEESE, ROB
Address	P.O. BOX 13454
City-State-Zip:	GAINESVILLE FL 32604

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****02/14/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date