

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01599

Entity Name: CHILDREN'S ADVOCACY CENTER OF SW FLORIDA, INC.**Current Principal Place of Business:**3830 EVANS AVENUE
FORT MYERS, FL 33901**Current Mailing Address:**3830 EVANS AVENUE
FORT MYERS, FL 33901 US**FEI Number:** 65-0007620**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAHO, JOHN
3830 EVANS AVENUE
FORT MYERS, FL 33901 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:** JOHN RAHO

08/04/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name CLINGER, JOHN
Address 13250 UNIVERSITY CENTER BLVD
City-State-Zip: FORT MYERS FL 33919

Title IMMEDIATE PAST PRESIDENT
Name PEACOCK, COLE
Address 1549 REYNARD DR
City-State-Zip: FT MYERS FL 33912

Title PRESIDENT
Name SPANBERGER, JAKE
Address 6338 PRESIDENTIAL CT
City-State-Zip: FORT MYERS FL 33919

Title TREASURER
Name L., JOHN PEARSON
Address 3830 EVANS AVE.
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR
Name WALKER, JESSICA
Address 8961 CONFERENCE DRIVE
SUITE 1
City-State-Zip: FORT MYERS FL 33919

Title ADVOCATE MEMBER
Name HART, LARRY
Address 3830 EVANS AVENUE
City-State-Zip: FORT MYERS FL 33901

Title CEO
Name BOUDREAUX, JULIE
Address 3830 EVANS AVENUE
City-State-Zip: FORT MYERS FL 33901

Title ADVOCATE MEMBER
Name BURNS, KELLIE
Address 3719 CENTRAL AVE.
City-State-Zip: FORT MYERS FL 33901

Continues on page 2

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: JULIE BOUDREAUX

CEO

08/04/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name CAMPOS-ANDERSEN, KARLA Y.
Address 1617 HENDRY STREET
SUITE 311
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR
Name IDELSON, CHARLES
Address 5246 RED CEDAR DR.
101
City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR
Name SHERMAN, MARTIN DR.
Address 3830 EVANS AVENUE
City-State-Zip: FORT MYERS FL 33912

Title DIRECTOR
Name GABEL, JONATHAN
Address 3830 EVANS AVENUE
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR
Name HUNTER, EMILY
Address P.O. BOX 2340
City-State-Zip: LABELLE FL 33975

Title DIRECTOR
Name PEREZ-LUNA, YADI
Address 14750 SIX MILE CYPRESS PARKWAY
City-State-Zip: FORT MYERS FL 33912

Title DIRECTOR
Name BLURTON, GREG
Address 3830 EVANS AVENUE
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR
Name LUTZ, NORMAN
Address 3830 EVANS AVENUE
City-State-Zip: FORT MYERS FL 33901