

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000008668

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

**Current Principal Place of Business:**

4465 N LECANTO HWY  
BEVERLY HILLS, FL 34465

**Current Mailing Address:**

4465 N LECANTO HWY  
BEVERLY HILLS, FL 34465

**FEI Number:** 20-5494335

**Certificate of Status Desired:** No

**Name and Address of Current 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

**Officer/Director Detail :**

Title P D  
Name DAWSEY, JEFF  
Address 1 DR MARTIN LUTHER KING JR AVE  
City-State-Zip: INVERNESS FL 34450

Title VP D  
Name GUINN, PORTIA  
Address 1 DR MARTIN LUTHER KING JR AVE  
City-State-Zip: INVERNESS FL 34450

Title ST D  
Name BOWERMASTER, MELISSA  
Address 4465 N. LECANTO HWY  
City-State-Zip: BEVERLY HILLS FL 34465

Title D  
Name KANE, ELEANOR  
Address 4465 N LECANTO HWY  
City-State-Zip: BEVERLY HILLS FL 34465

Title D  
Name ARNOLD, SUNSHINE  
Address 1 DR MARTIN LUTHER KING, JR. AVE  
City-State-Zip: INVERNESS FL 34450

Title DIRECTOR  
Name LEE, SCOTT  
Address C/O EDWARD JONES  
103 S US HWY 41  
City-State-Zip: INVERNESS FL 34450

Title DIRECTOR  
Name POLISENO, DEBORAH  
Address 702 E KNIGHTSBRIDGE PLACE  
City-State-Zip: LECANTO FL 34461

Title DIRECTOR  
Name WARDLOW, ROB  
Address C/O WILLIAMS, MCCRAINE,  
WARDLOW & CASH  
450 PLEASANT GROVE ROAD  
City-State-Zip: INVERNESS FL 34452

**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:** PORTIA GUINN

VP

04/25/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           YATES, HEATHER  
Address        C/O CITRUS COUNTY SHERIFF'S OFFICE  
                  1 DR. MARTIN LUTHER KING JR. AVE.  
City-State-Zip: INVERNESS FL 34450

Title           DIRECTOR  
Name           MALONEY, KEVIN  
Address        C/O KCI  
                  2117 SW HWY484  
City-State-Zip: OCALA FL 34473