

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000008668

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

**Current Principal Place of Business:**

1410 S LECANTO HWY  
LECANTO, FL 34461

**Current Mailing Address:**

1410 S LECANTO HWY  
LECANTO, FL 34461 US

**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           TREASURER, DIRECTOR,  
SECRETARY

Name           CARLSON, DARLENE

Address       1071 E ORIOLE CT

City-State-Zip:   HERNANDO FL 34442

Title           DIRECTOR

Name           WARDLOW, ROB

Address       C/O WILLIAMS, MCCRAINE,  
WARDLOW & CASH  
450 PLEASANT GROVE ROAD

City-State-Zip:   INVERNESS FL 34452

Title           OTHER, EXECUTIVE DIRECTOR

Name           BOWERMASTER, MELISSA

Address       1410 S. LECANTO HIGHWAY

City-State-Zip:   LECANTO FL 34461

Title           DIRECTOR

Name           KELLOW, NANCY

Address       5945 N OAKMONT DRIVE

City-State-Zip:   BEVERLY HILLS FL 34465

Title           DIRECTOR, VP

Name           LEE, SCOTT

Address       C/O EDWARD JONES  
103 S US HWY 41

City-State-Zip:   INVERNESS FL 34450

Title           DIRECTOR, PRESIDENT

Name           MALONEY, KEVIN

Address       C/O KCI  
2117 SW HWY484

City-State-Zip:   OCALA FL 34473

Title           DIRECTOR

Name           MARRIAGE, GARY

Address       839 NE US HWY 19

City-State-Zip:   CRYSTAL RIVER FL 34429

*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: MELISSA BOWERMASTER**

**EXECUTIVE DIRECTOR**

**01/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date