

**2023 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 OTHER, EXECUTIVE DIRECTOR  
Name BOWERMASTER, MELISSA  
Address 1410 S. LECANTO HIGHWAY  
City-State-Zip: LECANTO FL 34461

Title DIRECTOR  
Name MARRIAGE, GARY  
Address 7070 W GULF TO LAKE HIGHWAY  
City-State-Zip: CRYSTAL RIVER FL 34429

Title DIRECTOR  
Name KELLOW, NANCY  
Address 5945 N OAKMONT DRIVE  
City-State-Zip: BEVERLY HILLS FL 34465

Title SECRETARY, TREASURER  
Name CHUCKMAN, LINDA  
Address 9428 E SOUTHGATE DRIVE  
City-State-Zip: INVERNESS FL 34450

Title DIRECTOR, PRESIDENT  
Name ESTEVES-DIXON, LISA  
Address 1087 E ALLEGRIE DRIVE  
City-State-Zip: INVERNESS FL 34453

Title DIRECTOR  
Name MAISEL, JOHN  
Address 270 N LOMBARDY POINT  
City-State-Zip: LECANTO FL 34461

Title DIRECTOR  
Name GROW, JENNIFER  
Address 2227 E HAMPSHIRE STREET  
City-State-Zip: INVERNESS FL 34453

Title DIRECTOR  
Name LARGEY, CASSANDRA  
Address 3 MEADOWDALE STREET  
City-State-Zip: BEVERLY HILLS FL 34465

**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:** MELISSA BOWERMASTER

**EXECUTIVE DIRECTOR**

**03/03/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            GROFF, STANLEY DR.  
Address        4564 N BUFFALO DRIVE  
City-State-Zip: BEVERLY HILLS FL 34465