

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008668

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

FILED
Apr 25, 2013
Secretary of State
CC3581088136

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