

2016 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 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 TREASURER, DIRECTOR
Name CARLSON, DARLENE
Address 1071 E ORIOLE CT
City-State-Zip: HERNANDO FL 34442

Title D
Name ARNOLD, SUNSHINE
Address 1410 S. LECANTO HIGHWAY
City-State-Zip: LECANTO FL 34461

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

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

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

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

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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

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MARRIAGE, GARY
Address 839 NE US HWY 19
City-State-Zip: CRYSTAL RIVER FL 34429