

**2014 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 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, SECRETARY  
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

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

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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**

**03/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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