FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004879 (1)

1. Corporation Name

VICTIM SERVICES CENTER, INC.

Principal Place of Business	Mailing Address
1350 NW 12TH AVENUE MIAMI FL 33136	1350 NW 12TH AVENUE MIAMI FL 33136

3. Date Incorporated or Qualified: 10/10/1995
3a. Date of Last Report:
4. FEI Number: 65-0617741 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 1350 NW 12 Ave	26 P.O Box 833185
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33136 — Country 25 DADE	Zip 29 33283 — Country 30 DADE

9. **Name and Address of Current Registered Agent**

DESCILO, TERESA
16313 SW 99TH PL
MIAMI FL 33157

10. **Name and Address of New Registered Agent**

81 Name: TERESA DESCILO
82 Street Address (P.O. Box Number is Not Acceptable): 16313 SW 99 PL
83
84 City: Miami FL 85 Zip Code: 33157

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRES	☐DELETE
NAME	TERESA DESCILO (D)	
STREET ADDRESS	16313 SW 99 PL	
CITY-ST-ZIP	Miami, FL 33157	
TITLE	V-PRES	☐DELETE
NAME	SHIRLEY HAWKSWORTH (D)	
STREET ADDRESS	1316 JANN Ave	
CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE	SECRETARY TREAS	☐DELETE
NAME	Judy Gibbee (D)	
STREET ADDRESS	7030 SW 110 PL	
CITY-ST-ZIP	Miami FL 33173	
TITLE		☐DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	500001856845 -06/10/96--01019--018 ***61.25	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

6/10 32

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judy Gibbee ______ Date ______ 305-545-6481 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy GIBBEE, SECRETARY / TREASURER