FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N21112 (0)

1. Corporation Name
CRIME SURVIVORS CENTER, INC.

Principal Place of Business	Mailing Address
18930 US 19 NORTH, SUITE 324 PO BOX 6201 CLEARWATER FL 34618	18930 US 19 NORTH, SUITE 324 PO BOX 6201 CLEARWATER FL 34618

3. Date Incorporated or Qualified: 06/11/1987
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-2824872 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

REDMOND, LULA M
13600 EGRET BLVD K101
CLEARWATER FL 34618

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Lula M. Redmond 3-20-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FITZPATRICK, JEANNE	12 NAME	
STREET ADDRESS	2764 COUNTRYSIDE BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	WESTCHESTER LAKE FL 34621	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☒ Change ☐ Addition
NAME	LARSON, DIANE	22 NAME	Larson, Diane
STREET ADDRESS	240 SANDKEY ESTATE DR #72 88	23 STREET ADDRESS	240 SandKey Estate Dr. #88
CITY-ST-ZIP	CLEARWATER FL 34630	24 CITY-ST-ZIP	Clearwater, FL. 34630
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	JONES, JUDY	32 NAME	
STREET ADDRESS	2661 WALNUT DR	33 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	KIRKENSLAGOR, KATHY	42 NAME	
STREET ADDRESS	2764 COUNTRYSIDE BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	WESTCHESTER LAKE 5 CLE FL 34621	44 CITY-ST-ZIP	
TITLE	DCM	51 TITLE	☐ Change ☐ Addition
NAME	REDMOND, LULA M	52 NAME	
STREET ADDRESS	PO BOX 6111 N/A	53 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34618	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(i), 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: Lula M. Redmond 3-20-95 813-535-1164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LULA M. REDMOND

0004310