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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 21 PM 3:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 754912 (4)

1. Corporation Name

JUSTICE FOR SURVIVING VICTIMS, INC.

Principal Place of Business

**125 N 46 AVE.
HOLLYWOOD FL 33021**

Mailing Address

**125 N 46 AVE.
HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1980

3a. Date of Last Report

03/15/1994

4. FEI Number

59-2056604

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**GOTTLIEB, BRUCE
125 N 46 AVE.
HOLLYWOOD, FL
33021**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPD**
NAME **PRESTON, BOB**
STREET ADDRESS **3100 CHERRY CREEK DR S, S104**
CITY-ST-ZIP **DENVER CO 80209**

TITLE **D**
NAME **PRESTON, PAT**
STREET ADDRESS **3100 CHERRY CREEK DR S, S104**
CITY-ST-ZIP **DENVER CO 80209**

TITLE **STD**
NAME **NOVAK, ANNE**
STREET ADDRESS **2881 DAVE BLVD**
CITY-ST-ZIP **FT LAUDERDALE, FL 00000 33312**

TITLE **PD**
NAME **NOVAK, GREG**
STREET ADDRESS **1817 SW 24TH AVE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(b), 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, unchanged, or on an attachment with an address.

SIGNATURE:

Gregory A. Novak - **Gregory A. Novak**

2-2-95

305-587-7144

(Date)

(Signature/Phone #)