

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 # 754912 (4)

1. Corporation Name

JUSTICE FOR SURVIVING VICTIMS, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

10/30/1980

3a. Date of Last Report

02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **STD
NOVAK, ANNE**
STREET ADDRESS **2881 DAVIE BLVD**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE ☐ DELETE

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

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 ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-96

305-587-7144

CR2E037 (12/95)