

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 # 762006 (5)

1. Corporation Name

LEAGUE OF VICTIMS & EMPATHIZERS, INC.



Principal Place of Business

Mailing Address

DAVID NELSON CONSTR. CO.  
3483 ALTERNATE 19  
PALM HARBOR FL 34683

DAVID NELSON CONSTR. CO.  
3483 ALTERNATE 19  
PALM HARBOR FL 34683

3. Date Incorporated or Qualified  
02/16/1982

3a. Date of Last Report  
10/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number  
59-2307878

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

NELSON, WENDY  
1132 E. LAKE DR.  
TARPON SPGS FL 34689

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 PD ☐ DELETE  
NAME NELSON, WENDY  
STREET ADDRESS 1132 E. LAKE DR.  
CITY - ST - ZIP TARPON SPGS. FL

TITLE VD ☐ DELETE  
NAME CARROLL, GLENDA  
STREET ADDRESS 150 BEECHWOOD DR.  
CITY - ST - ZIP SAFETY HARBOR FL

TITLE SD ☐ DELETE  
NAME CARMIL, JENELLE  
STREET ADDRESS 2900 LANDMARK WAY  
CITY - ST - ZIP PALM HARBOR FL

TITLE TD ☐ DELETE  
NAME SAVOIA, ARTHUR J.  
STREET ADDRESS 244 DUNBRIDGE DR.  
CITY - ST - ZIP PALM HARBOR FL

TITLE D ☐ DELETE  
NAME ROSNES, HAZEL  
STREET ADDRESS 122 JUNIPERUS DR.  
CITY - ST - ZIP SAFETY HARBOR FL

TITLE D ☐ DELETE  
NAME SLOANE, KAY  
STREET ADDRESS 145 MARINER DR.  
CITY - ST - ZIP TARPON SPGS. FL

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

Wendy S. Nelson

6-25-96 813 934 4506

Date

Daytime Phone #

CR2E037 (12/95)