

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002821

1. Entity Name

VICTIMS OF VIOLENT CRIMES SUPPORT CENTER, INC.

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 90703 042 ****70.00

Principal Place of Business

7550 NW 50 ST
CHIEFLAND FL 32626

Mailing Address

7550 NW 50 ST
CHIEFLAND FL 32626

2. Principal Place of Business

Suite, Apt. #, etc.
297 South Court St.

City & State
Bronson, FL

Zip
32621

Country
USA

3. Mailing Address

PO Box 647

Suite, Apt. #, etc.

City & State
Bronson FL

Zip
32621

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3731552

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KISH, REBECCA
7550 NW 50 ST
CHIEFLAND FL 32626

7. Name and Address of New Registered Agent

Name
Alfreda Freeman

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

297 S. Court St.

City
Bronson

FL

Zip Code
32621

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Alfreda Freeman

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ORSHAL-HUNT, VALERIE
P.O. BOX 1044
LECANTO FL 34461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HUNT, WILLIAM
P.O. BOX 1044
LECANTO FL 34461 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
CANNON, BARRY
7970 SPRING VIEW AVE
FANNING SPRINGS FL 32693 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
JUNE GREENICE
P.O. BOX 904
Bronson, FL 32621 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
John D. STEPHENSON
17 South MAYLEN AVE.
LECANTO, FL 34461 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Valerie Orshal Hunt 4/10/02 352-486 3293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)