


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90036 047 ****70.00

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|--|---|--|--|---|--|
| DOCUMENT # N02000001992 1. Entity Name VICTIM SERVICES COALITION, INC. | | | |  | |
| Principal Place of Business 14150 N CLEVELAND AVE FT MYERS, FL 33903 | | | Mailing Address P.O. BOX 1544 FT MYERS, FL 33902-1544 | | |
| 2. Principal Place of Business - No P.O. Box # 14750 Six Mile Cypress Pkwy Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Fort Myers, FL Zip 33912 Country Lee | | City & State Zip Country | | 4. FEI Number 82-0546516 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent GELLINGER, BRENDA 612 SANTA BARBARA BLVD CAPE CORAL, FL 33991 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <u>Brenda Gellinger</u> <small>Signature, typed or printed name of registered agent and 100% applicable</small> | | <u>Brenda Gellinger</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | <u>05-14-08</u> <small>DATE</small> | |
| Filing Fee is \$61.25 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GELLINGER, BRENDA 14750 SIX MILE CYPRESS PKWY FORT MYERS, FL 339124406 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ZEPP, MARDENE 2448 FLORA AVE FORT MYERS, FL 33907 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SCHEALL, REBECCA 2210 PECK ST FORT MYERS, FL 33901 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cheval Jones 2210 Peck St Fort Myers, FL 33901 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Brenda Gellinger</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <u>Brenda Gellinger</u> <small>Date</small> | | <u>05-14-08</u> <small>Daytime Phone #</small> | |