2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007027

FILED Apr 29, 2008 Secretary of State

Entity Name: VICTIM SERVICES COALITION OF THE 7TH JUDICIAL CIRCUIT, INC.

Current Principal Place of Business: New Principal Place of Business: 104 CITRUS ST. BUNNELL, FL 32110 US **Current Mailing Address: New Mailing Address:** P.O. BOX 2058 BUNNELL, FL 32110 US FEI Number: 56-2407324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHRISTEN, DIANA L 104 CITRUS ST. BUNNELL, FL 32110 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CHRISTEN, DIANA L BECK-FRATE, KIMBERLY Name: Name: 104 CITRUS ST. - P.O. BOX 2058 Address: 3800 WOODBRIAR TRAIL Address: City-St-Zip: BUNNELL, FL 32110 US City-St-Zip: PORT ORANGE, FL 32129 US Title: () Delete Title: (X) Change () Addition BECK-FRATE, KIM Name: Name: WRIGHT, BARBARA Address: 3800 WOODBRIAR TRAIL Address: 1003 MAGNOLIA STREET City-St-Zip: PORT ORANGE, FL 32129 US City-St-Zip: NEW SMYRNA BEACH, FL 32168 US Title: () Delete Title: () Change () Addition BLUM, LINDA Name: Name: 1001 JUSTICE LANE Address: Address: City-St-Zip: BUNNELL, FL 32110 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: LANNI, DEBORAH Name: Address: 1395 DUNLAWTON AVENUE Address: City-St-Zip: PORT ORANGE, FL 32129 US City-St-Zip: Title: () Delete Title: () Change () Addition ROSSETTI, JUDITH Name: Name: 444 SEABREEZE BLVD Address: Address: DAYTONA BEACH, FL 32118 US City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition ROE, JONATHAN CHRISTEN, DIANA Name: Name: Address: 128 - A ORANGE AVENUE Address: PO BOX 2058 DAYTONA BEACH, FL 32114 US BUNNELL, FL 32110 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA BLUM T 04/29/2008