2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007027

FILED Mar 23, 2009 Secretary of State

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

Current Pi	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:						
104 CITRUS ST. BUNNELL, FL 32110 US										
Current M	ailing Addre	ss:	New Maili	New Mailing Address:						
P.O. BOX BUNNELL,		US								
FEI Number:	56-2407324	FEI Number Applied For ()	FEI Number Not Appl	olicable () 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.										
SIGNATUF										
	Electro	nic Signature of Registered Agent		Date						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:	BECK-FRATE 3800 WOODB		Title: Name: Address: City-St-Zip:	()Change ()Addition						
Title: Name: Address: City-St-Zip:	WRIGHT, BAR 1003 MAGNOI		Title: Name: Address: City-St-Zip:	() Change () Addition						
Title: Name: Address: City-St-Zip:	T (BLUM, LINDA 1001 JUSTICE BUNNELL, FL		Title: Name: Address: City-St-Zip:	() Change () Addition						
Title: Name: Address: City-St-Zip:	LANNI, DEBOI 1395 DUNLAV) Delete RAH VTON AVENUE EE, FL 32129 US	Title: Name: Address: City-St-Zip:	S (X) Change () Addition MILLER, CARMEN 1395 DUNLAWTON AVENUE PORT ORANGE, FL 32129 US						
Title: Name: Address: City-St-Zip:	ROSSETTI, JU 444 SEABREE		Title: Name: Address: City-St-Zip:	() Change () Addition						
Title: Name: Address: City-St-Zip:	D (CHRISTEN, DI PO BOX 2058 BUNNELL, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition						
I hereby ce	rtify that the in	nformation supplied with this filing	does not qualify fo	or the exemption stated in Chapter 119						

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:	DIANA CHRISTEN		D	03/23/2009
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