


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90053 046 ****70.00

DOCUMENT # N03000008778 1. Entity Name THE CENTER FOR VICTIM'S RIGHTS FOUNDATION INC.					
Principal Place of Business 2927 SWEETSPIRE CIRCLE OVIEDO, FL 32766			Mailing Address 2927 SWEETSPIRE CIRCLE OVIEDO, FL 32766		
2. Principal Place of Business 2719 W Woodthrus h st Suite, Apt. #, etc.		3. Mailing Address same Suite, Apt. #, etc.			
City & State Lecanto FL		City & State		4. FEI Number NOT APPLICABLE	
Zip 34461		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIRAIMONDO, BONNIE L 2927 SWEETSPIRE CIRCLE OVIEDO, FL 32766			7. Name and Address of New Registered Agent Name CYNTHIA Holden Street Address (P.O. Box Number is Not Acceptable) 2719 W Woodthrus h st City Lecanto FL Zip Code 34461		
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><i>Cynthia Holden</i></u> 2/1/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	P HOLDEN, CYNTHIA 2719 W WOODTHRUSH ST LECANTO, FL 34461 <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 DIRAIMONDO, BONNIE 2927 SWEETSPIRE CIRCLE OVIEDO, FL 32766 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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><i>Cynthia Holden (Cynthia Holden)</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>2/1/06</u> <u>352 6286481</u> <small>Daytime Phone #</small>	



ATTACHMENT
60011479

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2006

THE CENTER FOR VICTIM'S RIGHTS FOUNDATION INC.
C/O CYNTHIA HOLDEN
2719 W WOODTHRUSH ST
LECANTO, FL 34461

SUBJECT: THE CENTER FOR VICTIM'S RIGHTS FOUNDATION INC.
Ref. Number: N03000008778

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

An officer or director must sign the report.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 406A00004761