

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009387

FILED
Apr 30, 2006
Secretary of State

Entity Name: DOMESTIC VIOLENCE COORDINATING COUNCIL, INC.

Current Principal Place of Business:

P.O. BOX 20910
TALLAHASSEE, FL 32316

New Principal Place of Business:

Current Mailing Address:

11077 WILDLIFE TRAIL
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 56-2408785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'NEIL, MAUREEN
PO BOX 20910
TALLAHASSEE, FL 32316 US

Name and Address of New Registered Agent:

O'ROURKE, KELLY E
11077 WILDLIFE TRAIL
TALLAHASSEE, FL 32312 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: KELLY O'ROURKE

04/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: O'NEIL, MAUREEN
Address: P.O. BOX 20910
City-St-Zip: TALLAHASSEE, FL 32316

Title: C () Delete
Name: MCCALL, JULIE
Address: P.O. BOX 20910
City-St-Zip: TALLAHASSEE, FL 32312

Title: S () Delete
Name: O'ROURKE, KELLY
Address: 11077 WILDLIFE TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: MABRY, MICHELLE
Address: P.O. BOX 20910
City-St-Zip: TALLAHASSEE, FL 32316

Title: C (X) Change () Addition
Name: CRAWFORD, MARTHA ANN
Address: P.O. BOX 20910
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KELLY O'ROURKE

S

04/30/2006

Electronic Signature of Signing Officer or Director

Date