2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2008
Secretary of State

DOCUMENT# N06000005545

Entity Name: THE DOMESTIC VIOLENCE SERIES, INC.

Current Principal Place of Business:

2402 SOFIA DR.
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

2402 SOFIA DR.
LUTZ, FL 33558

New Mailing Address:

FEI Number: 20-4932220 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WATSON, KEITH A
2402 SOFIA DR.
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

WATSON, MELODY D
2402 SOFIA DR.
LUTZ, FL 33558 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: KEITH A WATSON 09/05/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PED ( ) Delete
Name: WATSON, KEITH A
Address: 2402 SOFIA DR.
City-St-Zip: LUTZ, FL 33558

Title: VD ( ) Delete
Name: WATSON, MELODY
Address: 2402 SOFIA DR.
City-St-Zip: LUTZ, FL 33558

Title: TD ( ) Delete
Name: HANEY, STACY
Address: 2402 SOFIA DR.
City-St-Zip: LUTZ, FL 33558

Title: VP ( ) Delete
Name: WATSON, KEITH JR
Address: 2326 SOFIA DRIVE
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: WATSON KEITH A PED 09/05/2008
Electronic Signature of Signing Officer or Director Date