

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004099

FILED
May 29, 2009
Secretary of State

Entity Name: VIOLENCE INTERVENTION AND PREVENTION SERVICES, INC.

Current Principal Place of Business:

1651 WEST 37 STREET
404
MIAMI, FL 33012

New Principal Place of Business:

5239 NW 187 LANE
MIAMI GARDENS, FL 33015

Current Mailing Address:

1651 WEST 37 STREET
404
MIAMI, FL 33012

New Mailing Address:

5239 NW 187 LANE
MIAMI GARDENS, FL 33015

FEI Number: 20-8974008 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

BROWN, QUEEN
2020 NW 171 STREET
MIAMI, FL 33056 US

Name and Address of New Registered Agent:

BROWN, QUEEN
5239 NW 187 LANE
MIAMI GARDENS, FL 33015 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: _____

05/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: BROWN, QUEEN
Address: 1651 WEST 37 STREET
City-St-Zip: MIAMI, FL 33012

Title: S () Delete
Name: FLETCHER, ANGELA
Address: 1651 WEST 37 STREET
City-St-Zip: HIALEAH, FL 33012

Title: T () Delete
Name: THOMPSON, ELIZABETH
Address: 1651 WEST 37 STREET
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: BROWN, QUEEN
Address: 5239 NW 187 LANE
City-St-Zip: MIAMI GARDENS, FL 33015

Title: S (X) Change () Addition
Name: ANDERSON, EWANA
Address: 5239 NW 187 LANE
City-St-Zip: MIAMI GARDENS, FL 33015

Title: T (X) Change () Addition
Name: THOMPSON, ELIZABETH
Address: 5239 NW 187 LANE
City-St-Zip: MIAMI GARDENS, FL 33015

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: QUEEN BROWN

DIR

05/29/2009

Electronic Signature of Signing Officer or Director

Date