

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005113

**FILED**  
**May 12, 2012**  
**Secretary of State**

**Entity Name:** THE CENTER FOR VICTIM RECOVERY, INC.

**Current Principal Place of Business:**

404 NW 26TH STREET  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 951190  
LAKE MARY, FL 327951190

**New Mailing Address:**

**FEI Number:** 27-2687586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YORK, LISA  
811 LAKE COMO DRIVE  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** MR.  
**Name:** HAROLD, HEDRICK  
**Address:** 2528 WOODGATE BLVD  
**City-St-Zip:** ORLANDO, FL 32822

I hereby 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 all other like empowered.

**SIGNATURE:** LISA YORK

MS

05/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date