2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17168

FILED Jan 09, 2009 Secretary of State

Entity Name: PINELLAS COUNTY VICTIM RIGHTS COALITION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 304 CRIMINAL JUSTICE CENTER LARGO, FL 33779 US

14250 48ST N

CLEARWATER, FL 33762

Current Mailing Address: New Mailing Address:

P.O. BOX 304

LARGO, FL 33779 US

FEI Number: 59-2725941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ZIMBLER- DELORENZO, DEBRA CONTOIS, ROBIN CRIMINAL JUSTICE CENTO, RM 1100 CRIMINAL JUSTICE CENTER, RM 1100 14250 48 ST. N 14250 48 ST. N CLEARWATER, FL 33762 US CLEARWATER, FL 33762 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: ROBIN CONTOIS 01/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

CARLINI, SUSAN BOTT, RITA Name: Name: P.O. BOX 414 Address: 9887 4TH ST N, SUITE 100 Address:

City-St-Zip: SAINT PETERSBURG, FL 33731 City-St-Zip: SAINT PETERSBURG, FL 33702 US

Title: Title: CO-C () Delete (X) Change () Addition

Name: ZIMBLER- DELORENZO, DEBRA Name: BIRKY, MISTI

Address: P.O. BOX 5028 Address: 2960 ROOSEVELT BLVD City-St-Zip: CLEARWATER, FL 33758 City-St-Zip: CLEARWATER, FL 33760 US

Title: () Delete Title: (X) Change () Addition CHENEY, COLEEN Name: CONTOIS, ROBIN Name:

201 HIGHLAND AVE Address: Address: P.O. BOX 5028

City-St-Zip: LARGO, FL 33770 City-St-Zip: CLEARWATER, FL 33758

Title: () Delete Title: ST (X) Change () Addition

CONTOIS, ROBIN Name: Name: FARNHAM, MELYNDA Address: P.O. BOX 5028 Address: 2960 ROOSEVELT BLVD City-St-Zip: CLEARWATER, FL 33758 City-St-Zip: CLEARWATER, FL 33760

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: ROBIN CONTOIS Т 01/09/2009