FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21112** **(0)**

1. Corporation Name
CRIME SURVIVORS CENTER, INC.

Principal Place of Business	Mailing Address
~~18830 US 19 NORTH. SUITE 324~~ PO BOX 6201 CLEARWATER FL 34618	~~18830 US 19 NORTH. SUITE 324~~ PO BOX 6201 CLEARWATER FL 34618

3. Date Incorporated or Qualified: 06/11/1987	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2824872	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 5770 Roosevelt	26 P.O. Box 6201
Suite, Apt. #, etc. 22 Suite 701	Suite, Apt. #, etc. 27
City & State 23 Clearwater, FL.	City & State 28 Clearwater, FL.
Zip / Country 24 34620 / 25 Pinellas	Zip / Country 29 34618 / 30 Pinellas

9. Name and Address of Current Registered Agent

REDMOND, LULA M
13600 EGRET BLVD K101
CLEARWATER FL 34618

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Lula M. Redmond DATE: 1-20-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	FITZPATRICK, JEANNE		12 NAME		
STREET ADDRESS	2764 COUNTRYSIDE BLVD		13 STREET ADDRESS		
CITY-ST-ZIP	WESTCHESTER LAKE FL 34621		14 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	LARSON, DIANE		22 NAME		
STREET ADDRESS	240 SANDKEY ESTATE DR #88		23 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34630		24 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	JONES, JUDY		32 NAME		
STREET ADDRESS	2661 WALNUT DR		33 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		34 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	KIRKENSLAGOR, KATHY		42 NAME		
STREET ADDRESS	2764 COUNTRYSIDE BLVD		43 STREET ADDRESS		
CITY-ST-ZIP	WESTCHESTER LAKE 5 CLE FL 34621		44 CITY-ST-ZIP		
TITLE	DCM	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	REDMOND, LULA M		52 NAME		
STREET ADDRESS	PO BOX 6111 N/A		53 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34618		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lula M. Redmond 1-20-96 813-535-1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #