

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27811

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** SEMINOLE COUNTY VICTIM'S RIGHTS COALITION, INC.

**Current Principal Place of Business:**

4190 NARCISSUS AVE.  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2921  
SANFORD, FL 32772 US

**New Mailing Address:**

P.O. BOX 471279  
LAKE MONROE, FL 32747 US

**FEI Number:** 59-2934243

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLD, JEANNE  
4190 NARCISSUS AVE.  
SANFORD, FL 32771 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: TREA ( ) Delete  
Name: VANDELOO, FRANK  
Address: 2066 RIVER PARK BLVD.  
City-St-Zip: ORLANDO, FL 32817

Title: PRES ( ) Delete  
Name: DAVIS, JANET  
Address: 1519 S GREENLEAF CT  
City-St-Zip: SORRENTO, FL 32776

Title: ED ( ) Delete  
Name: GOLD, JEANNE  
Address: 4190 NARCISSUS AVE.  
City-St-Zip: SANFORD, FL 32722

Title: VP ( ) Delete  
Name: HORST, ERIC  
Address: 5360 LAKE BLUFF DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: SEC (X) Delete  
Name: BEACHAM, KIP  
Address: P.O. BOX 2921  
City-St-Zip: SANFORD, FL 32772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TREA (X) Change ( ) Addition  
Name: HORST, ERIC  
Address: 5360 LAKE BLUFF DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: PRES (X) Change ( ) Addition  
Name: PROCELL, KAREN  
Address: 7713 FLEMINGWOOD COURT  
City-St-Zip: SANFORD, FL 32771

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

Title: VP (X) Change ( ) Addition  
Name: BEACHAM, KIP  
Address: 3315 RED ASH CIRCLE  
City-St-Zip: OVIEDO, FL 32765

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: JEANNE GOLD

ED

04/23/2009

Electronic Signature of Signing Officer or Director

Date