2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# N46757

Entity Name: BEREAVED SURVIVORS OF HOMICIDE, INC.

Current Principal Place of Business:

7219 CHESTERHILL CR.
MT. DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 870
ZELLWOOD, FL 32798

New Mailing Address:

7219 CHESTERHILL CR.
MT. DORA, FL 32757 US

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

Name and Address of Current Registered Agent:

BEGLEY, DEW DROP
7219 CHESTERHILL CR.
MT. DORA, FL 32757 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: S ( ) Delete
Name: FIELDING, CLAIRE
Address: 2490 FORT LANE RD
City-St-Zip: WINTER PARK, FL 32789

Title: TD ( ) Delete
Name: BEGLEY, DEW DROP
Address: 7219 CHESTERHILL CR.
City-St-Zip: MT. DORA, FL 32757

Title: P ( ) Delete
Name: MCKENON, LAURIE
Address: 2377 PAIRE DUNCAN
City-St-Zip: CLERMONT, FL 34711

Title: VP ( ) Delete
Name: GREGORIO, SHEILA
Address: 6623 WESTMOUTH DR
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CLAIRE FIELDING S 01/15/2009
Electronic Signature of Signing Officer or Director — Date