

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46757

FILED
Jan 06, 2011
Secretary of State

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:

7219 CHESTERHILL CR.
MT. DORA, FL 32757 US

New Mailing Address:

FEI Number: 59-3730010

FEI Number Applied For ()

FEI Number Not Applicable ()

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
Name: FIELDING, CLAIRE
Address: 2490 FORT LANE RD
City-St-Zip: GENEVA, FL 32732

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

Title: P
Name: MCKENNA, LAURIE
Address: 2377 PRAIRIE DUNCAN
City-St-Zip: CLERMONT, FL 34711

Title: VP
Name: OWENS, BETSY
Address: 546 WEKIVA LANDING DR
City-St-Zip: APOKA, FL 32712

Title: O
Name: BAILEY, PAM
Address: 4760 NEBRASKA AVE
City-St-Zip: SNAFORD, FL 32771

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: CLAIRE M FIELDING

S

01/06/2011

Electronic Signature of Signing Officer or Director

Date