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May 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000005842 (9)

1. Corporation Name

THE DOMESTIC VIOLENCE EDUCATION AND PREVENTION P
ROJECT INCORPORATED

Principal Place of Business

12930 SW 149TH ST
MIAMI FL 33186

Mailing Address

P.O. BOX 16-5224
MIAMI FL 33116-5224



3. Date Incorporated or Qualified
11/28/1994

3a. Date of Last Report
07/18/1996

2. Principal Place of Business

21 12387 S.W. 143 Lane

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State
Miami, FL

27 City & State

28 Zip Country
33186 USA

24 Zip Country
33186 USA

4. FEI Number

65-0547598

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

9. Name and Address of Current Registered Agent

JACKSON, VICKIE M
12930 SW 149TH ST
MIAMI FL 33116-5224

10. Name and Address of New Registered Agent

81 Name Vickie M. Jackson
82 Street Address (P.O. Box Number is Not Acceptable)
12387 S.W. 143 Lane
83
84 City Miami FL 85 Zip Code 33186

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 [Signature] VICKIE M. JACKSON EXECUTIVE DIRECTOR 5/19/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	JACKSON VICKIE	
STREET ADDRESS	12930 S.W. 149TH STREET	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLIAM E. JACKSON ED.D	
STREET ADDRESS	12930 SW 149TH ST	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARC S. SMITH	
STREET ADDRESS	759 N.W. 76TH ST	
CITY - ST - ZIP	MIAMI FL 33150	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SMITH, TARLESHIA W	
STREET ADDRESS	759 N.W. 76TH ST	
CITY - ST - ZIP	MIAMI FL 33150	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] EXECUTIVE DIRECTOR 5/19/97 (305)378-8288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028215

CR2E037 (9/96)