SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400005842

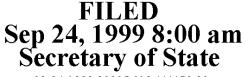
1. Corporation Name

THE DOMESTIC VIOLENCE EDUCATION AND PREVENTION P ROJECT INCORPORATED

Principal Place of Business 12387 S.W. 143 LANE MIAMI FL 33186

Mailing Address

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



09-24-1999 90005 012 ****70.00



US					(001/16) 9/9 101/1 6/61/ 96// 90// 90// 90// 90//	11) 14 (1) 4(14) 4(14)	
2. Principal Pl	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 11/28/1994		
Suite, Apt.	#, etc. ~	Suite, Apt. #, etc.			4. FEI Number	Apr	olied For
22		27			65-0547598	Not	Applicable
City & State	е	City & State			5. Certificate of Status Desired	\$8.75 A	dditional
23		28			5. Certificate of Status Desired	Fee Red	quired
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be
24	25	29 30	0		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name			
JACKSON, VICKIE M			82	82 Street Address (P.O. Box Number is Not Acceptable)			
12387 S.\	W. 143 LANE						
MIAMI FL	33186		83				
			84	City	F	85 Zip C	ode
44 5	4 Ab	and 617 1500 Florida Statutos	the show	named c	corporation submits this statement for the purpose		registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was auth	horized by	the corpor	ration's board of directors. I hereby accept the ap	pointment as reg	istered
SIGNATURE							
	Signature, typed or printed name of registered agent		 _	it signature rec	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	DS IN 12
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE [JACKSON VICKIE	DELETE	1.1 TITLE			C) Change	C) Addition
NAME			1.2 NAME				
STREET ADDRESS	12387 S W 143RD LANE		1.3 STREET				
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST	r-ZIP		□ Change	☐ Addition.
TITLE	VD	☐ DELETE	2.1 TITLE	1		[] Criange	∐ Musilion.
NAME	WILLIAM E. JACKSON ED.D		2.2 NAME				
STREET ADDRESS	12387 S W 143RD LANE		2.3 STREET	-~	-		~
CITY-ST-ZIP	MIAMI FL 33186	[] perent	2. 4 CITY-S	T-ZiP		Change	Addition
TITLE	VD	☐ DELETE	3.1 TITLE			□ Cuange	∐ Addition
NAME	MARC S. SMITH		3.2 NAME				
STREET ADDRESS	759 N.W. 76TH ST		3.3 STREET				1
CITY-ST-ZIP	MIAMI FL 33150		3.4. CITY-S	T-ZIP		[]Change	☐ Addition
TITLE	VSD TABLESON AND THE TA	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME :	SMITH, TARLESHIA W		4, 2 NAME				
STREET ADDRESS	759 N.W. 76TH ST		4.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33150		4.4 CITY-ST	[-ZIP			
TITLE		☐ DELETE	5.1 TITLE	}		Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP	-		5.4 CITY-ST	r-ZIP			CT + depth -
TITLE	eran	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME		•		ļ
STREET ADDRESS			6.3 STREET	- (ļ
CITY ST. 7ID		· ·	6.4 CITY-ST	r-ZIP			

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: