FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS DOCUMENT # NOSOOO1006 (2)

Corporation Name	13000	0001320	(O)
MISSION FOR VICTIME	HICTICE	INIO	

IVHOOR	ON FOR VICTIMS JUSTICE, I	NG.] Planian and hand about bond bond bond bond bond bond home when bond here
Principal Plac	e of Business	Mailing Address			
5604 BAKER	- An				
	RICHEY FL 34653	5604 BAKER RD. NEW PORT RICHEY FL	34653		
8 District					3. Date Incorporated or Qualified 3a. Date of Last Report 04/20/1995
	Place of Business	2a. Mailing Address			4. FEI Number Applied For
Suite, Apt	# oto	26	·		59_3311851 Not Applicable
22	#, 6tc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
City & Stat	e	City & State			Fee Required
23		28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be
Zip	Country	Zip	Count	ry	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30		Florida Statutes
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
MAI ENT	ME VAREN BURNEY		8	1 Name	
	ine, karen burney Iker Rd.		8	2 Street	Address (P.O. Box Number is Not Acceptable)
	NEN ND. ORT RICHEY FL 34653		8:		
******	THORIETTE 04000		•	1	
			84	City	85 Zip Code
11. Pursuant	to the provisions of Sections 617,0502 a	ind 617.1508, Florida Statute	s, the above	named co	proporation submits this statement for the purpose of changing its registered office
or registe familiar w	red agent, or both, in the State of Florida th, and accept the obligations of, Sectio	 Such change was authorize n 617,0503. Florida Statutes 	d by the cor	poration's	orporation submits this statement for the purpose of changing its registered office board of directors, it hereby accept the appointment as registered agent. I am
SIGNATURE	, ,	, and the second of the second			
	Signature, typed or printed name of registered agent a		E Registered Age	nt signature r	equired when reinstaling) DATE
12.	OFFICERS AND	· ···· - · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	VALENTINE, KAREN BURNEY	DELETE	11 TITLE		P T ∑ Change ☐ Addition
STREET ADDRESS	5604 BAKER RD.		1.2 NAME		Valentine, Karen Burney
CITY-ST-ZIP	NEW PORT RICHEY FL 34653			T ADDRESS	5604 Baker Road
THILE	D	DELETE	1.4 CITY - 2 1 TITLE	ST-ZIP	Nov Port Richey C. 3/653
NAME	PERSALL, CHERYL BURNEY		2 2 NAME		V T X Change Addition
STREET ADDRESS	7208 GARDEN GROVE LN.			T ADDRESS	Persall, Cheryl Burney
DITY-ST-ZIP	NEW PORT RICHEY FL 34652		2 4 CITY-		7208 Garden Grove Lane New Port Richey, FLane 34652
TITLE	D	™ DELETE	3.1 TITLE	31 - ZIP	
NAME	Burney, Rhea	· ·	3 2 NAME		
STREET ADDRESS	1004 TRADEWINDS DR.		3 3 STREE	T ADDRESS	Koning, R. J. 8301 Joliet
CITY-ST-ZIP	TARPON SPRINGS FL 34689		3.4. CITY -	ST-ZIP	Hudson, FL 34669
TITLE		DELETE	4.1 TITLE		S T Change 🔀 Addition
NAME			4. 2 NAME		Parr, DeAnna
STREET ADDRESS			4.3 STREE	ADDRESS	6929 River Road New Port Richey, FL 34652
CITY-ST-ZIP TITLE		□ pri rtc	4.4 CITY - S	T-ZIP	
NAME		☐ DELETE	5 1 THILE		S T ☐ Change 🔯 Addition
STREET ADDRESS			5.2 NAME		Cash, Clara
CITY-ST-ZIP			5.3 STREET		9188 Out Post Drive
TITLE		DELETE	5.4 CITY - 5 6.1 TITLE	IT-ZIP	New Port Richey, FL 34654
NAME		- Detter	6.1 HIZE 6.2 NAME	}	☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME	ADDRESS	
CITY-ST-ZIP					
	certify that the information supplied with	this flips is ush whall for it.	6.4 CITY - S	1-21	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 appears in Block 12 or Block 13 if changed, or on an attachment with any addyss.

SIGNATURE: