

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 10 1997 8:00am  
Secretary of State

DOCUMENT # N95000001926 (3)

1. Corporation Name

MISSION FOR VICTIMS JUSTICE, INC.

Principal Place of Business

5804 BAKER RD.  
NEW PORT RICHEY FL 34653

Mailing Address

5804 BAKER RD.  
NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
04/20/1995

3a. Date of Last Report  
04/24/1996

4. FEI Number

59-3311851

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

VALENTINE, KAREN BURNEY  
5804 BAKER RD.  
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT  
NAME VALENTINE, KAREN BURNEY  
STREET ADDRESS 5804 BAKER RD.  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE VT  
NAME PERSALL, CHERYL BURNEY  
STREET ADDRESS 7208 GARDEN GROVE LN.  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE V  
NAME KONING, R. J.  
STREET ADDRESS 8301 JOUET  
CITY-ST-ZIP HUDSON FL 34669

TITLE ST  
NAME PARR, DEANNA  
STREET ADDRESS 6929 RIVER ROAD  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE ST  
NAME CASH, CLARA  
STREET ADDRESS 9188 OUT POST DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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, changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

9/10/97 913-547-6347

CR2E037 (4/97)