

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N95000002772 (0)**

1. Corporation Name

**DOMESTIC VIOLENCE TASK FORCE, INC.**

Principal Place of Business

P.O. BOX 4596  
FT. PIERCE FL 34948-4596

Mailing Address

P.O. BOX 4596  
FT. PIERCE FL 34948-45963. Date Incorporated or Qualified  
**06/13/1995**3a. Date of Last Report  
**11/05/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

4. FEI Number  
**65-0552589**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional  
Fees 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

10. Name and Address of New Registered Agent

**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

81 Name

**BRANDON A. PERRON**

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

**326 SOUTH 2ND STREET**

83

84 City

**FORT PIERCE****FL**

85 Zip Code

**34950**

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

**BRANDON A. PERRON****3/12/97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD BLEYMAN, REBECCA**  
STREET ADDRESS **P.O. BOX 4596 (N/A)**  
CITY-ST-ZIP **FT. PIERCE FL 34948-4596**1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME **VD COY, JOANNE**  
STREET ADDRESS **P.O. BOX 4596 (N/A)**  
CITY-ST-ZIP **FT. PIERCE FL 34948-4596**2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME **SD PARK, LYNN**  
STREET ADDRESS **P.O. BOX 4596 (N/A)**  
CITY-ST-ZIP **FT. PIERCE FL 34948-4596**3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME **T ROBINSON, NOLLIE**  
STREET ADDRESS **P.O. BOX 4596 (N/A)**  
CITY-ST-ZIP **FT. PIERCE FL 34948-4596**4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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: **Nollie Robinson** REQUIRED BY **Nollie Robinson** 3/12/97 54-468-5610

CR2E037 (9/96)