

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000003898

1. Entity Name
BROWARD VICTIM'S RIGHTS COALITION, INC.



Principal Place of Business
**16 SE 6 ST
SAO-VT RESOURCE CENTER
FORT LAUDERDALE, FL 33301 US**

Mailing Address
**POST OFFICE BOX 421
FORT LAUDERDALE, FL 33310**



01282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0653879

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**VOLLMANN, DIANE
2801 CORAL SPRINGS DR.
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000807743
02/07/08-80020-013 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEERS, STACI
STREET ADDRESS	400 NE 4TH ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	VPD
NAME	SCHNEIDERMAN, BRIDGET
STREET ADDRESS	8915 MIRAMAR PKWY
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	RS
NAME	ESTEVEZ, MARTA
STREET ADDRESS	P.O. BOX 120910
CITY-ST-ZIP	PLANTATION, FL 33312
TITLE	TD
NAME	VOLLMANN, DIANE
STREET ADDRESS	2801 CORAL SPRINGS DR.
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	CS
NAME	UVEGES, NANCY
STREET ADDRESS	2601 W. BROWARD BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	MB
NAME	SULLIVAN, THERESE
STREET ADDRESS	9500 PINES BLVD.
CITY-ST-ZIP	PEMBROKE PINES, FL 33024

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Diane Vollmann **Diane Vollmann**

Date

Daytime Phone #

1-28-08

(954) 340-
5019