


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N95000003898	
1. Entity Name BROWARD VICTIM'S RIGHTS COALITION, INC.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 23 PM 1:26

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07182008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0653879	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VOLLMANN, DIANE 2801 CORAL SPRINGS DR. CORAL SPRINGS, FL 33065	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEERS, STACI 400 NE 4TH ST. FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800133395618 07/24/08--01031--009 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHNEIDERMAN, BRIDGET 8915 MIRAMAR PKWY MIRAMAR, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS ESTEVEZ, MARTA P.O. BOX 120910 PLANTATION, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VOLLMANN, DIANE 2801 CORAL SPRINGS DR. CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS UVEGES, NANCY 2601 W. BROWARD BLVD. FT. LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CS Kerry Collins 777 Sawgrass Corporate Parkway Sunrise, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MB SULLIVAN, THERESE 9500 PINES BLVD. PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B. 7/23/08

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 7-18-08 (954) 340-5019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #