2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003898

FILED Mar 30, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

SAO-VT RESOURCE CENTER

FORT LAUDERDALE, FL 33301 US

New Mailing Address: Current Mailing Address:

POST OFFICE BOX 421 FORT LAUDERDALE, FL 33302

FEI Number: 65-0653879 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLUCCI, AMEDEO MR 2601 W BROWARD BLV #2501

FT LAUDERDALE, FL 33312 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

SCHNEIDERMAN, BRIDGET MS Name: Address: 8915 MIRAMAR PKWY

City-St-Zip: MIRAMAR, FL 33025

Title:

Name: LAVIANO, LINDA MS Address: 16 SE 6TH STREET

City-St-Zip: FORT LAUDERDALE, FL 33301

Title:

ESTEVEZ, MARTA MS Name: Address: 491 NORTH STATE ROAD 7 City-St-Zip: PLANTATION, FL 33317

Title: TR

Name: COLUCCI, AMEDEO MR 2601 W BROWARD BLV #2501 Address: City-St-Zip: FT LAUDERDALE, FL 33312

Title:

BERGMAN, PATTY MS Name: 4800 W COPANS ROAD Address: City-St-Zip: COCONUT CREEK, FL 33063

Title:

VASQUEZ, SANDRA MS Name: Address: 401 NE 4TH STREET FT LAUDERDALE, FL 33301 City-St-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AMEDEO COLUCCI MR 03/30/2010