

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003898

FILED
Mar 10, 2011
Secretary of State

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

Current Principal Place of Business:

16 SE 6 ST
SAO-VT RESOURCE CENTER
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 421
FORT LAUDERDALE, FL 33302

New Mailing Address:

FEI Number: 65-0653879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLUCCI, AMEDEO MR
2601 W BROWARD BLV
#2501
FT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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:

Title: PD
Name: SCHNEIDERMAN, BRIDGET MS
Address: 8915 MIRAMAR PKWY
City-St-Zip: MIRAMAR, FL 33025

Title: VPD
Name: LAVIANO, LINDA MS
Address: 16 SE 6TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

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

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

Title: CS
Name: GODFREY, DONNA MS
Address: 2601 WEST BROWARD BLV #2501
City-St-Zip: FORT LAUDERDALE, FL 33312

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

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

TREA

03/10/2011

Electronic Signature of Signing Officer or Director

Date