

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006539

FILED  
Sep 14, 2005  
Secretary of State

**Entity Name:** VICTIMS OF INEQUITABLE COMPENSATION ENACTMENTS SOCIETY, INC.

**Current Principal Place of Business:**

7937 JAGUAR DRIVE  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

7937 JAGUAR DRIVE  
JACKSONVILLE, FL 32244

**New Mailing Address:**

**FEI Number:** 65-0740717      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BAILEY, MARY  
7937 JAGUAR DRIVE  
JACKSONVILLE, FL 32244      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      ( ) Delete  
Name: BAILEY, MARY  
Address: 7937 JAGUAR DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: CD      ( ) Delete  
Name: STANLEY, MARTHA  
Address: 1609 HASOSOWNENE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D      ( ) Delete  
Name: MATTHEW, CHARLENE  
Address: 8340 SCOTTISH COURT  
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD      ( ) Delete  
Name: WARD, DORIS  
Address: 3220 ANTHONY DR.  
City-St-Zip: ST. CLOUD, FL 34771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY BAILEY

PRES

09/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date