

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Sep 01, 2009
Secretary of State**

DOCUMENT# N96000006539

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: ORR, 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 exemption stated 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 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

PD

09/01/2009

Electronic Signature of Signing Officer or Director

_____ Date