

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000006539

**FILED**  
**Dec 07, 2010**  
**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:**

MARY BAILEY  
7937 JAGUAR DRIVE  
JACKSONVILLE, FL 32244

FEI Number: 65-0740717

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAILEY, MARY  
7937 JAGUAR DRIVE  
JACKSONVILLE, FL 32244 US

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

BAILEY, MARY E  
7937 JAGUAR DRIVE  
JACKSONVILLE, FL 32244 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: MARY BAILEY

12/07/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: ELROD, JAMES W  
Address: 7937 JAGUAR DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D  
Name: ORR, CHARLENE  
Address: 8340 SCOTTISH COURT  
City-St-Zip: JACKSONVILLE, FL 32244

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: MARY BAILEY

P

12/07/2010

Electronic Signature of Signing Officer or Director

Date