

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006550

FILED  
Feb 07, 2005  
Secretary of State

Entity Name: VICTIMS FIRST, INC.

**Current Principal Place of Business:**

515 ELEVENTH STREET, WEST  
BRADENTON, FL 34205

**New Principal Place of Business:**

**Current Mailing Address:**

515 ELEVENTH STREET, WEST  
BRADENTON, FL 34205

**New Mailing Address:**

FEI Number: 31-1514364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WELLS, CHARLES B  
515 11TH STREET WEST  
BRADENTON, FL 34205 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: WELLS, CHARLES B  
Address: 515 ELEVENTH STREET WEST  
City-St-Zip: BRADENTON, FL 34205

Title: VD ( ) Delete  
Name: WELLS, LESLIE  
Address: P.O. BOX 133 N/A  
City-St-Zip: PARRISH, FL 34264

Title: SD ( ) Delete  
Name: MASIO, CAROL A  
Address: 1001 3RD AVENUE WEST, SUITE 700  
City-St-Zip: BRADENTON, FL 34205

Title: TD ( ) Delete  
Name: MEADE, BRUCE  
Address: 515 ELEVENTH STREET WEST  
City-St-Zip: BRADENTON, FL 34205

**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: CHARLES B. WELLS

PD

02/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date