

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003577 (0)**

1. Corporation Name

CENTER FOR VICTIM RIGHTS, INC.

Principal Place of Business

Mailing Address

**375 NE 10TH AVENUE
CRYSTAL RIVER FL 34429**

**POST OFFICE BOX 3196
HOMOSASSA SPRINGS FL 34447**

3. Date Incorporated or Qualified

06/19/1997

4. FEI Number

69-3451394

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

**HENDERSON, CYNTHIA
375 NE 10TH AVENUE
CRYSTAL RIVER FL 34429**

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENDERSON, CYNTHIA	
STREET ADDRESS	POST OFFICE BOX 3196	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL 34447	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HOLDEN, JOHN	
STREET ADDRESS	2719 WEST WOODTHRUSH STREET	
CITY-ST-ZIP	LEICANTO FL 34461	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENNETT, MICHAEL L DR	
STREET ADDRESS	375 NE 10TH AVENUE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHLOSS, SUE	
STREET ADDRESS	BOX 26, 300 SECOND AVENUE SE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RONALD D. WEBB	
1.3 STREET ADDRESS	1415 LAKEVIEW DR	
1.4 CITY-ST-ZIP	LYNNESSE, FL 34450	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WALLACE DAY	
2.3 STREET ADDRESS	7114 S. CRESCENT LOOP	
2.4 CITY-ST-ZIP	FLORAL CITY FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Cynthia Henderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/98 **(352)**
6280433
Date Daytime Phone #

CR2E037 (5/98)