# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2005**
**Secretary of State**

DOCUMENT# N99000000912

**Entity Name:** V.O.I.C.E.(VICTIM, OFFENDER, INTERVENTION COUNSELING AND EDUCATION)COMMUNITY DEVELOPMENT CORPORATION INC.

**Current Principal Place of Business:**

3000 C.R. SMITH ST
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 681227
ORLANDO, FL 32868

**New Mailing Address:**

**FEI Number: 59-3565027** **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:**

KAREN COPELAND AND ASSOCIATES
261 PLAZA DRIVE
SUITE A
OVIEDO, FL 32765 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: | O | ( ) Delete |
| Name: | THOMPSON, CHRISTINA R | |
| Address: | 131 PORTSTEWART DR | |
| City-St-Zip: | ORLANDO, FL 32828 | |
| Title: | O | ( ) Delete |
| Name: | LEACH, BARBARA | |
| Address: | 1018 PALM COVE DR | |
| City-St-Zip: | ORLANDO, FL 32835 | |
| Title: | D | (X) Delete |
| Name: | ATKINS-BRADLEY, VERNICE | |
| Address: | 800 N. MAGNOLIA AVE STE 500 | |
| City-St-Zip: | ORLANDO, FL 32801 | |
| Title: | D | (X) Delete |
| Name: | DEAN, CURTIS | |
| Address: | 5454 FORBES PLACE | |
| City-St-Zip: | ORLANDO, FL 32812 | |
| Title: | D | (X) Delete |
| Name: | DENNIS, RALPH | |
| Address: | 6419 YORK ROAD | |
| City-St-Zip: | BALTIMORE, MD 21212 | |
| Title: | D | (X) Delete |
| Name: | MARTIR, LUIS | |
| Address: | 1025 W. MICHIGAN ST. | |
| City-St-Zip: | ORLANDO, FL 32805 | |

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

| | | |
|---|---|---|
| Title: | O | (X) Change ( ) Addition |
| Name: | RAMPERSAD, CHRISTINA R | |
| Address: | 4900 BIRCHSTONE LANE | |
| City-St-Zip: | ORLANDO, FL 32829 | |
| 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: | | |
| 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: CHRISTINA RAMPERSAD PRES 05/02/2005

Electronic Signature of Signing Officer or Director — Date