2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
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:

3020 PALERMO CT
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

PO BOX 244
MOUNT DORA, FL 32756

New Mailing Address:

FEI Number: 59-3565027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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: RAMPERSAD, CHRISTINA R
Address: 3020 PALERMO CT
City-St-Zip: MOUNT DORA, FL 32756

Title: O ( ) Delete
Name: LEACH, BARBARA
Address: 1018 PALM COVE DR
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RAMPERSAD, CHRISTINA R
Address: 3020 PALERMO CT
City-St-Zip: MOUNT DORA, FL 32756

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: CHRISTINA RAMPERSAD P 04/30/2009

Electronic Signature of Signing Officer or Director — Date