

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000912

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

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

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:** CHRISTINA RAMPERSAD

P

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date