FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 FEB 24 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **750099** **(4)**

1. Corporation Name

FLORIDA COALITION AGAINST DOMESTIC VIOLENCE, INC

Principal Place of Business	Mailing Address
ATTN: PATRICIA M. HINTON 1521-A KILLEARN CENTER BLVD. TALLAHASSEE FL 32308	ATTN: PATRICIA M. HINTON 1521-A KILLEARN CENTER BLVD. TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1979	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2055476	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

NUTTER, MARY E.
1212 N.W. 12TH AVENUE
GAINESVILLE FL 32602

10. Name and Address of New Registered Agent

81 Name: Patricia M. Hinton
82 Street Address (P.O. Box Number is Not Acceptable): 1521-A Killearn Center Blvd
83: Tallahassee
84 City: FL 85 Zip Code: 32308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Patricia M. Hinton — 1/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	900001417649 -02/28/95--01106--006 *****61.25 *****61.25 ☐ Change ☐ Addition
NAME	NUTTER, MARY	12 NAME	
STREET ADDRESS	1212 N.W. 12TH AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32602	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	SD ☒ Change ☐ Addition
NAME	SILER, ELLEN	22 NAME	Hollan Pugh
STREET ADDRESS	P.O. BOX 142 N/A	23 STREET ADDRESS	P.O. Box 1302 N/A
CITY-ST-ZIP	ORANGE PARK G FL 32067	24 CITY-ST-ZIP	~~Kissimmee, FL 34742~~
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	ROSENTHAL, LYNN	32 NAME	
STREET ADDRESS	P.O. BOX 4356 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32315	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	VD ☒ Change ☐ Addition
NAME	COY, JOANNE	42 NAME	Penny Morrill
STREET ADDRESS	1900 SW PALM CITY RD 25H	43 STREET ADDRESS	P.O. Box 928 N/A
CITY-ST-ZIP	STUART FL	44 CITY-ST-ZIP	~~Dade City, FL 33526~~
TITLE	TD	51 TITLE	TD ☒ Change ☐ Addition
NAME	WARREN, M F	52 NAME	Rob Schroeder
STREET ADDRESS	1224 S PENNINSULA DR	53 STREET ADDRESS	7831 NE Miami Court
CITY-ST-ZIP	DAYTONA BEACH FL	54 CITY-ST-ZIP	~~Miami, FL 33138~~
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	OSMUNDSON,, LINDA	62 NAME	
STREET ADDRESS	P.O. BOX 414 N/A	63 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL 33731-0414	64 CITY-ST-ZIP	

MA 2-24

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patricia M. Hinton — 1/17/95 — 904-668-4862
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

007564