FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

000001896340
-07/17/96--01032--046
***8.75

700001896337
-07/17/96--01032--045
***61.25

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

3. Date Incorporated or Qualified: **12/07/1979**
3a. Date of Last Report: **02/24/1995**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~HINTON, PATRICIA M~~ ROSENTHAL, LYNN
1521-A KILLEARN CENTER BLVD.
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: ROSENTHAL, LYNN
82 Street Address (P.O. Box Number is Not Acceptable): 1535-C5 KILLEARN CENTER BLVD
83:
84 City: TALLAHASSEE, FL. FL 85 Zip Code: 32308

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: Lynn Rosenthal 5/1/96
Signature, type 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	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	NUTTER, MARY		1.2 NAME	Penny Morrill	
STREET ADDRESS	1212 N.W. 12TH AVENUE		1.3 STREET ADDRESS	P.O. Box 928	
CITY-ST-ZIP	GAINESVILLE FL 32602		1.4 CITY-ST-ZIP	Dade City, FL. 33526	
TITLE	SD	☐ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	PUGH, HOLLAN		2.2 NAME	Linda Amidei	
STREET ADDRESS	P.O. BOX 1302 N/A		2.3 STREET ADDRESS	P.O. Box 10594	
CITY-ST-ZIP	KISSIMMEE FL 34742		2.4 CITY-ST-ZIP	Clearwater, FL. 34617	
TITLE	V	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	ROSENTHAL, LYNN		3.2 NAME	Theresa Napierkawski	
STREET ADDRESS	P.O. BOX 4356 N/A		3.3 STREET ADDRESS	P.O. Box 680748	
CITY-ST-ZIP	TALLAHASSEE FL 32315		3.4 CITY-ST-ZIP	Orlando, FL. 32868	
TITLE	VD	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	MORRILL, PENNY		4.2 NAME	Ellen Siller	
STREET ADDRESS	P.O. BOX 928 N/A		4.3 STREET ADDRESS	P.O. Box 142	
CITY-ST-ZIP	DADE CITY FL 33526		4.4 CITY-ST-ZIP	Orange Park, FL. 32067	
TITLE	TD	☐ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	SCHROEDER, ROB		5.2 NAME	Trudy McFadden	
STREET ADDRESS	7831 N.E. MIAMI COURT		5.3 STREET ADDRESS	P.O. Box 4772	
CITY-ST-ZIP	MIAMI FL 33138		5.4 CITY-ST-ZIP	Tampa, FL. 33677	
TITLE	P	☐ DELETE	6.1 TITLE	Past-President	☒ Change ☐ Addition
NAME	OSMUNDSON,, LINDA		6.2 NAME	Mary Nutter	
STREET ADDRESS	P.O. BOX 414 N/A		6.3 STREET ADDRESS	1212 N.W. 12th Ave	
CITY-ST-ZIP	ST PETERSBURG FL 33731-0414		6.4 CITY-ST-ZIP	Gainesville, FL. 32602	

CR2E037 (12/95)

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)(k), 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: X Penny Morrill Penny Morrill, Pres. 4/29/95 (352)521-3120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #