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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750099

1. Corporation Name
FLORIDA COALITION AGAINST DOMESTIC VIOLENCE, INC

Principal Place of Business	Mailing Address
410 OFFICE PLAZA DR TALLAHASSEE FL 32301 US	410 OFFICE PLAZA DR TALLAHASSEE FL 32301 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 308 E,Park Avenue	26 308 E. Park Avenue	12/07/1979
Suite, Apt. #, etc. 22 Ste. 201- 213	Suite, Apt. #, etc. 27 Ste. 201-213	4. FEI Number 59-2055476 ☐ Applied For ☐ Not Applicable
City & State 23 Tallahassee, FL	City & State 28 Tallahassee, FL	5. Certifcate of Status Desired - ☐ **$8.75** Additional Fee Required
Zip / Country 24 32301 25 Leon	Zip / Country 29 32301 30 Leon	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSENTHAL, LYNN 410 OFFICE PLAZA DR TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 308 E. Park Avenue 83 Ste. 201-213 84 City Tallahassee FL 85 Zip Code 32301

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, Exec. Dir. 01/22/99
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	VPD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HERRMANN, KATHY		1.2 NAME	Herrmann, Kathy	
STREET ADDRESS	P.O. BOX 10102 N/A		1.3 STREET ADDRESS	P.O. Box 10102 N/A	
CITY-ST-ZIP	NAPLES FL 34101		1.4 CITY-ST-ZIP	Naples, FL 34101	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	SCHROEDER, ROBERT		2.2 NAME	Warren, M.F.	
STREET ADDRESS	7831 NE MIAMI CT		2.3 STREET ADDRESS	211 N. Ridgewood Ave. Ste. 301	
CITY-ST-ZIP	MIAMI FL 33138		2.4 CITY-ST-ZIP	Daytona, FL 32114	
TITLE	PD	☐ DELETE	3.1 TITLE	PPD	☒ Change ☐ Addition
NAME	PUGH, HOLLAN		3.2 NAME	Pugh, Hollan	
STREET ADDRESS	P.O. BOX 2921 N/A		3.3 STREET ADDRESS	P.O. Box 2921 N/A	
CITY-ST-ZIP	SANFORD FL		3.4 CITY-ST-ZIP	Sanford, FL 32772	
TITLE	PPD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SILER, ELLEN		4.2 NAME		
STREET ADDRESS	P.O. BOX 142 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		4.4 CITY-ST-ZIP		
TITLE	RSD	☐ DELETE	5.1 TITLE	RSD	☒ Change ☐ Addition
NAME	FLACHMEIER, CINDY		5.2 NAME	Widera, Frieda	
STREET ADDRESS	P.O. BOX 1540 N/A		5.3 STREET ADDRESS	P.O. Box 10594 N/A	
CITY-ST-ZIP	COCOA FL 32923		5.4 CITY-ST-ZIP	Clearwater, FL 33757	
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	OTTE, KELLY		6.2 NAME		
STREET ADDRESS	P.O. BOX 20910 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32316		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Kelly Otte ED Kelly Otte 01/22/99 850-922-6062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #