2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# N17958

Entity Name: FLORIDA COUNCIL AGAINST SEXUAL VIOLENCE, INC.

Current Principal Place of Business:

1311-A PAUL RUSSELL RD
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

1311-A PAUL RUSSELL RD
SUITE 204
TALLAHASSEE, FL 32301 US

Current Mailing Address:

1311-A PAUL RUSSELL RD
TALLAHASSEE, FL 32301 US

New Mailing Address:

1311-A PAUL RUSSELL RD
SUITE 204
TALLAHASSEE, FL 32301 US

FEI Number: 59-3432096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS-ELLIOTT, BEVERLY
1311-A PAUL RUSSELL RD
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

DRITT, JENNIFER L
1311-A PAUL RUSSELL RD
SUITE 204
TALLAHASSEE, FL 32301 US

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: JENNIFER L. DRITT 04/14/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: WILSON, LENORE
Address: 137 HOSPITAL DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VPD ( ) Delete
Name: WELLS, MANDY
Address: 400 N.E. 4TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: SD ( ) Delete
Name: LANGFORD, KATHLEEN
Address: 2650 S.W. 27TH AVENUE, STE. 303
City-St-Zip: MIAMI, FL 33133

Title: PD ( ) Delete
Name: REYNA, SUSAN
Address: 28905 S. DIXIE HWY
City-St-Zip: HOMESTEAD, FL 33030

Title: PPD ( ) Delete
Name: WEBB, SHIRLEY
Address: 5644 COLCORD AVENUE
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: BAUER, NICOLLE
Address: 1375 ARAPAHO AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JENNIFER L. DRITT ED 04/14/2004
Electronic Signature of Signing Officer or Director Date