## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N17958

FILED Apr 15, 2004 Secretary of State

Entity Name: FLORIDA COUNCIL AGAINST SEXUAL VIOLENCE, INC.

Current Principal Place of Business:				New Princi	New Principal Place of Business:		
SUITE 204	JL RUSSELL R SEE, FL 3230°						
Current Mailing Address:				New Mailir	New Mailing Address:		
SUITE 204	JL RUSSELL R SEE, FL 3230 <sup>.</sup>						
FEI Number:	59-3432096	FEI Number Ap	plied For()	FEI Number Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	ırrent Registe	red Agent:	Name and	Address of	f New Registered Agent:	
SUITE 204 TALLAHAS	JL RUSSELL F SEE, FL 3230 <sup>.</sup> named entity su	1 US	ement for the purp	pose of changing it	s registered	d office or registered agent, or both,	
SIGNATUR	_						
SIGNATUR		c Signature of F	Registered Agent			 Date	
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	WILSON, LENOF 137 HOSPITAL D		3	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VPD () Delete WELLS, MANDY 400 N.E. 4TH STREET FORT LAUDERDALE, FL 33301			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD () Delete LANGFORD, KATHLEEN 2650 S.W. 27TH AVENUE, STE. 303 MIAMI, FL 33133			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD () EREYNA, SUSAN 28905 S. DIXIE HOMESTEAD, FL			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PPD () E WEBB, SHIRLEY 5644 COLCORD JACKSONVILLE,	AVENUE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () [ BAUER, NICOLL 1375 ARAPAHO SAINT AUGUSTIN	AVENUE		Title: Name: Address: City-St-Zip:	DRITT, JENN 2409 DEBDE		

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 CEO 04/15/2004