2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17958

FILED Mar 07, 2007 Secretary of State

Entity Name: FLORIDA COUNCIL AGAINST SEXUAL VIOLENCE, INC.

Current Principal Place of Business:

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

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SUITE A-204 TALLAHASSEE, FL 32301 US

Current Mailing Address:

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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:

Electronic Signature of Registered Agent Date

New Mailing Address:

Electronic eignature of registeres

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 TD
 () Delete
 Title:
 TD
 (X) Change () Addition

 Name:
 WILSON, LENORE
 Name:
 DIXON, NANCY

 Address:
 137 HOSPITAL DRIVE
 Address:
 205 N. DIXIE HWY., STE 5.1100

 City-St-Zip:
 FORT WALTON BEACH, FL 32548
 City-St-Zip:
 WEST PALM BEACH, FL 33401

Name: WELLS, MANDY Name: KAZAKOS, AMELIA

Address: 115 S. ANDREWS AVENUE, A360 Address: 1221 WEST LAKEVIEW AVENUE

City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: PENSACOLA, FL 32514

Title: SD () Delete Title: () Change () Addition

 Name:
 MCCORMICK, BARBARA
 Name:

 Address:
 ONE CRISIS CENTER PLAZA
 Address:

 City-St-Zip:
 TAMPA, FL 33613
 City-St-Zip:

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: KAZAKOS, AMELIA Name: WILSON, LENORE
Address: 1221 WEST LAKEVIEW AVENUE Address: 137 HOSPITAL DRIVE

City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: FORT WALTON BEACH, FL 32548

Title: CEO () Delete Title: () Change () Addition

 Name:
 DRITT, JENNIFER L
 Name:

 Address:
 2409 DEBDEN COURT
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32309
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 DRITT CEO 03/07/2007