


FILE NOW: FILING FEE IS \$61.25

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**May 08 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002437 (8)
1. Corporation Name
DOMESTIC VIOLENCE INTERVENTIONS OF FLORIDA, INC.



Principal Place of Business		Mailing Address	
% CRAIG R. DEARR, P.A. 6950 NORTH KENDALL DRIVE MIAMI FL 33156		% CRAIG R. DEARR, P.A. 6950 NORTH KENDALL DRIVE MIAMI FL 33156	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
		25	30

3. Date Incorporated or Qualified	05/01/1997	
4. FEI Number	65-0773247	Applied For / Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DEARR, CRAIG R
6950 NORTH KENDALL DRIVE
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D Chief Executive Officer & Executive Director	<input type="checkbox"/> DELETE
NAME	HOMER, THERESE	
STREET ADDRESS	17620 N.W. 67 AVENUE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D Secretary	<input type="checkbox"/> DELETE
NAME	LACKS, FELIX A	
STREET ADDRESS	7000 N.W. 186 STREET, SUITE 424	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TOOKS, MELVIN	
STREET ADDRESS	12810 N.E. MIAMI COURT	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mussein Mostafa Mohamed	
1.3 STREET ADDRESS	35 N.W. 43 Ter	
1.4 CITY-ST-ZIP	Plantation, FL	
2.1 TITLE	Member / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VEAN HOMER	
2.3 STREET ADDRESS	2008 Campbellton Rd. S.W. # 206	
2.4 CITY-ST-ZIP	Atlanta, Ga. 33011	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: Therese Homer, THERESE HOMER, EXEC. DIR. 4-29-98 305-824-1422

CR2E037 (10/97)