**FILED**
**May 10, 1999 8:00 am**
**Secretary of State**
05-10-1999 90254 005 ****61.25

NON-PROFIT
CORPORATION
ANNUAL REPORT
**1999**

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

DOCUMENT # N97000002437

1. Corporation Name
DOMESTIC VIOLENCE INTERVENTIONS OF FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % CRAIG R. DEARR, P.A.<br>6950 NORTH KENDALL DRIVE<br>MIAMI FL 33156 | % CRAIG R. DEARR, P.A.<br>6950 NORTH KENDALL DRIVE<br>MIAMI FL 33156 |

[redacted]

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip 24 Country 25 | Zip 29 Country 30 |

3. Date Incorporated or Qualified: 05/01/1997
4. FEI Number: 65-0773247 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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: Dearr, Craig R.
82 Street Address (P.O. Box Number is Not Acceptable): Two Datran Center-Suite 1609
83: 9130 S.Dadeland Blvd.
84 City: Miami FL 85 Zip Code: 33156

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 | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HUSSELN, M M<br>25 NW 43 TER<br>PLANTATION FL 33015 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOMER, V<br>2000 CAMPBELTON RD SW 206<br>ATLANTA GA 33011 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TOOKS, MELVIN<br>12810 N.E. MIAMI COURT<br>NORTH MIAMI FL 33161 | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | Anthony "Felix" LACKS<br>2495 Ali Baba Ave<br>Opa locka FL 33054 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

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: Therese Homer 4-28-99 305-824-1422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1/96)