

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750099

Entity Name: FLORIDA COALITION AGAINST DOMESTIC VIOLENCE, INC.**Current Principal Place of Business:**425 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301**Current Mailing Address:**425 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 US**FEI Number:** 59-2055476**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CARR, TIFFANY
425 OFFICE PLAZA
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	RECORDING SECRETARY
Name	RIFFEY, SHANDRA
Address	PO BOX 16287
City-State-Zip:	FERNANDINA BEACH FL 32035

Title	CHAIRPERSON
Name	KEETH, MELODY
Address	PO BOX 10039
City-State-Zip:	PALM BAY FL 32910

Title	CEO
Name	CARR, TIFFANY
Address	425 OFFICE PLAZA
City-State-Zip:	TALLAHASSEE FL 32301

Title	TREASURER
Name	FAGAN, DONNA
Address	PO BOX 1028
City-State-Zip:	LAKE CITY FL 32056

Title	2 VICE CHAIRPERSON
Name	BEACHY, THERESA
Address	2100 NW 53RD AVENUE
City-State-Zip:	GAINESVILLE FL 32653

Title	1ST VICE CHAIRPERSON
Name	LYNCH, LAUREL
Address	PO BOX 1624
City-State-Zip:	BRADENTON FL 34206

I hereby 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 all other like empowered.

SIGNATURE: TIFFANY CARR

CEO

01/28/2016

Electronic Signature of Signing Officer/Director Detail_____
Date