

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002193

**Entity Name:** ALLIANCE AGAINST WORKPLACE VIOLENCE INC.

**Current Principal Place of Business:**

4751 NW 21ST ST #618  
LAUDERHILL, FL 33313-3505

**Current Mailing Address:**

4751 NW 21ST ST #618  
LAUDERHILL, FL 33313-3505

**FEI Number:** 45-4578832

**Certificate of Status Desired:** No

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

BILES, PATRICIA D  
4751 NW 21ST ST #618  
LAUDERHILL, FL 33313-3505 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 P  
Name BILES, PATRICIA  
Address 4751 NW 21ST ST #618  
City-State-Zip: LAUDERHILL FL 33313-3505

Title VP  
Name BILES, MALCOLM D  
Address 3904 EAST CAPITOL ST NE  
City-State-Zip: WASHINGTON DC 20019

Title ST  
Name ARMSTRONG, ARNOLD  
Address 4740 NW 21ST ST #102  
City-State-Zip: LAUDERHILL FL 33313-3505

Title SECRETARY  
Name WALTERS, SONYA YVETTE  
Address 3602 SILVER SPRUCE CIRCLE  
City-State-Zip: BURTONSVILLE MD 20866

*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:** PATRICIA D. BILES

**PRESIDENT**

**04/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date