

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46982

**FILED**  
**Mar 29, 2016**  
**Secretary of State**  
**CC2020253915**

**Entity Name:** SEXUAL ASSAULT VICTIM SERVICES OF THE 18TH JUDICIAL CIRCUIT, INC.

**Current Principal Place of Business:**

2725 JUDGE FRAN JAMIESON WAY  
BUILDING D  
VIERA, FL 32940

**Current Mailing Address:**

2725 JUDGE FRAN JAMIESON WAY  
BUILDING D  
VIERA, FL 32940 US

**FEI Number: 59-3111360**

**Certificate of Status Desired: No**

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

SELLERS, JAIMEE N  
2725 JUDGE FRAN JAMIESON WAY  
BUILDING D  
VIERA, FL 32940 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: JAIMEE N SELLERS**

**03/29/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            EXO  
Name            SELLERS, JAIMEE N  
Address        2725 JUDGE FRAN JAMIESON WAY  
                  BUILDING D  
City-State-Zip: VIERA FL 32940

Title            VC  
Name            MITCHELL, CINDY  
Address        963 NELE AVENUE  
City-State-Zip: PALM BAY FL 32907

Title            DIRECTOR  
Name            KENNEDY, ISA  
Address        1768 N. CARPENTER ROAD  
City-State-Zip: TITUSVILLE FL 32796

Title            CHAIRMAN  
Name            MUSSELMAM, KIMBERLY  
Address        4026 CAREYWOOD DRIVE  
City-State-Zip: MELBOURNE FL 32934

Title            D  
Name            FLOWERS, MICHELLE  
Address        1031 CASCADE CIRCLE, #101  
City-State-Zip: ROCKLEDGE FL 32955

Title            D  
Name            BOBAY, ROB  
Address        1226 W. KING STREET  
City-State-Zip: COCOA FL 32922

Title            DIRECTOR  
Name            FELICIANI, GINO  
Address        101 BUSH BOULEVARD  
City-State-Zip: SANFORD FL 32773

Title            OFFICER  
Name            PISANO, SONIA  
Address        100 BUSH BLVD  
City-State-Zip: SANFORD FL 32773

*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: JAIMEE SELLERS**

**GRANT ADMINISTRATOR    03/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date