

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738958** (8)
1. Corporation Name
NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE, INC

Principal Place of Business 1757 PARK RD. NW WASHINGTON, D C 20010	Mailing Address 1757 PARK RD. NW WASHINGTON, D C 20010
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3. Date Incorporated or Qualified
05/06/1977

4. FEI Number 59-1669254	Applied For ☐ Yes ☒ Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**LYNCH, CATHERINE G.
1515 B.W. 7TH STREET, SUITE 112
MIAMI FL 33125**

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	YOUNG, MARLENE A.	
STREET ADDRESS	1757 PARK RD NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	P	☒ DELETE
NAME	BARBARA KENDALL	
STREET ADDRESS	2805 TABLE MESA	
CITY-ST-ZIP	BOWLDER CO	
TITLE	S	☒ DELETE
NAME	MICHAELENE O'NEILL MCCANN	
STREET ADDRESS	MUSEUM PLACE, 1 EAST INOLA SQUARE	
CITY-ST-ZIP	SALEM MA	
TITLE	D	☐ DELETE
NAME	STEIN, JOHN H.	
STREET ADDRESS	1757 PARK RD NW	
CITY-ST-ZIP	WASHINGTON D.C.	
TITLE	VP	☒ DELETE
NAME	LT. EDWARD NEKEL	
STREET ADDRESS	PARAMOS POLICE DEPT	
CITY-ST-ZIP	PARAMOS NJ	
TITLE	T	☒ DELETE
NAME	AURELIA SANDS BELLE	
STREET ADDRESS	5818 WEATHERFORD DRIVE	
CITY-ST-ZIP	FAYETTEVILLE NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	ED NEKEL
2.3 STREET ADDRESS	593 CRAIG Avenue
2.4 CITY-ST-ZIP	PARAMUS, NJ 07652
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	Jeannette Atkins
3.3 STREET ADDRESS	61 Greene Street
3.4 CITY-ST-ZIP	Xenia OH 45385
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	VP Viki Sharp
5.3 STREET ADDRESS	32 North Stone, Suite 800
5.4 CITY-ST-ZIP	Tucson, AZ 85701
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	Treasurer Carol Laveen
6.3 STREET ADDRESS	Box 1167 Federal Square Station
6.4 CITY-ST-ZIP	Harrisburg PA 17108-1167

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:

John H. Stein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/98
Date

202-232-6682
Daytime Phone # **0077566**

CR2E037 (10/97)