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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **738958**

1. Corporation Name
NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE, INC

Principal Place of Business	Mailing Address
1757 PARK RD. NW WASHINGTON. D C 20010	1757 PARK RD. NW WASHINGTON. D C 20010

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualifed: 05/06/1977

4. FEI Number: 59-1669254 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

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

10. Name and Address of New Registered Agent

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

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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, MARLENE A.		1.2 NAME		
STREET ADDRESS	1757 PARK RD NW		1.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NEKEL, E		2.2 NAME		
STREET ADDRESS	593 CRAIG AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PARANUS NJ 07652		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ADKINS, J		3.2 NAME		
STREET ADDRESS	61 GREENE ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	XENIA OH 45385		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEIN, JOHN H.		4. 2 NAME		
STREET ADDRESS	1757 PARK RD NW		4.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON D.C.		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHARP, V		5.2 NAME		
STREET ADDRESS	32 N STONE, STE 800		5.3 STREET ADDRESS		
CITY-ST-ZIP	TUCSON AZ 85701		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	6.1 TITLE	T	☐ Change ☑ Addition
NAME	LAVERY, C		6.2 NAME	ANN DelNegro	
STREET ADDRESS	BOX 1167, FED SQ STATION		6.3 STREET ADDRESS	1500 E. Newport Pike, Suite 10	
CITY-ST-ZIP	HARRISBURG PA 17108		6.4 CITY-ST-ZIP	Wilmington, DE 19804	

CR2E037 (11/98)

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: SIGNATURE REQUIRED 4/9/99 202-232-6682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #