

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738958

1. Entity Name

NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE, INC

Principal Place of Business

Mailing Address

1757 PARK RD. NW
WASHINGTON, DC 20010

1757 PARK RD. NW
WASHINGTON, DC 20010

2. Principal Place of Business

1730 PARK RD NW

3. Mailing Address

1730 PARK RD NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1669254

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME YOUNG, MARLENE A.
STREET ADDRESS 1757 PARK RD NW
CITY-ST-ZIP WASHINGTON DC

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME NEKEL, E.
STREET ADDRESS 593 CRAIG AVE
CITY-ST-ZIP PARANUS NJ 07652

TITLE PRES ☒ Change ☐ Addition
NAME Norman S. EARLY
STREET ADDRESS 2548 S. Hillcrest Dr.
CITY-ST-ZIP DENVER CO 80237

TITLE S ☐ Delete
NAME ADKINS, J
STREET ADDRESS 61 GREENE ST
CITY-ST-ZIP XENIA OH 45385

TITLE SECRETARY ☒ Change ☐ Addition
NAME MAGGIE LIPMAN
STREET ADDRESS 1205 Duello Rd
CITY-ST-ZIP Wentzville, MO 63385

TITLE D ☐ Delete
NAME STEIN, JOHN H.
STREET ADDRESS 1757 PARK RD NW
CITY-ST-ZIP WASHINGTON D.C.

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME SHARP, V
STREET ADDRESS 32 N STONE, STE 800
CITY-ST-ZIP TUCSON AZ 85701

TITLE VP ☒ Change ☐ Addition
NAME JEANNETTE ADKINS
STREET ADDRESS 61 Greene Str., lower level
CITY-ST-ZIP Xenia, OH 45385

TITLE T ☐ Delete
NAME DELANGRO, ANN
STREET ADDRESS 1500 E NEWPORT PIKE SUITE 10
CITY-ST-ZIP WILMINGTON DE 19804

TITLE TREAS ☒ Change ☐ Addition
NAME STEVE TWIST
STREET ADDRESS 1850 N. Central Ave
CITY-ST-ZIP Phoenix, AZ 85077

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/01 202 232 6682

CR2E037 (10/00)

FILED
May 02, 2001 8:00 am
Secretary of State
05-02-2001 90076 014 ****61.25

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DO NOT WRITE IN THIS SPACE