

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90098 031 ****61.25

DOCUMENT # 738958

1. Entity Name

NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE, INC

Principal Place of Business

1730 PARK RD NW
 WASHINGTON, DC 20010

Mailing Address

1730 PARK RD NW
 WASHINGTON, DC 20010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1669254

Applied For

Not Applicable

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 **32465 NE OLD PARRETT MTN. ROAD**
 STREET ADDRESS **NEWBERG, OR 97132**
 CITY-ST-ZIP

TITLE **P** ☒ Delete
 NAME **EARLY, NORMAN S**
 STREET ADDRESS **2698 S. HILLCREST DR.**
 CITY-ST-ZIP **DENVER CO 80237**

TITLE ☐ Change ☒ Addition
 NAME **VICE PRESIDENT**
 STREET ADDRESS **ELIZABETH ROSSMAN**
 CITY-ST-ZIP **2725 JUDGE FRANKLIN WAY**
VIERA, FL 32940

TITLE **S** ☒ Delete
 NAME **LIPMAN, MAGGIE**
 STREET ADDRESS **1205 DUELLO RD**
 CITY-ST-ZIP **WENTZVILLE MO 63385**

TITLE ☐ Change ☒ Addition
 NAME **SECRETARY**
 STREET ADDRESS **HAROLD BOSCONCH**
 CITY-ST-ZIP **1401 LAKESIDE DRIVE, SUITE 802**
OAKLAND, CA 94612

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

TITLE ☒ Change ☐ Addition
 NAME **32465 NE OLD PARRETT MTN ROAD**
 STREET ADDRESS **NEWBERG, OR 97132**
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **ADKINS, JEANNETTE**
 STREET ADDRESS **61 GREENE ST., LOWER LEVEL**
 CITY-ST-ZIP **XENIA OH 45385**

TITLE ☒ Change ☐ Addition
 NAME **PRESIDENT**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☒ Delete
 NAME **TWIST, STEVE**
 STREET ADDRESS **1850 N. CENTRAL AVE**
 CITY-ST-ZIP **PHOENIX AR 85077**

TITLE ☐ Change ☒ Addition
 NAME **TREASURER**
 STREET ADDRESS **CAROL LAVERY**
 CITY-ST-ZIP **3101 NORTH FRONT STREET**
HARRISBURG PA 17110

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

4/17/02 2022326682

Date

Daytime Phone #

CR2E037 (9/01)