## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 738958** 

Apr 27, 2005 Secretary of State

Entity Name: NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE, INC.

**Current Principal Place of Business:** New Principal Place of Business:

1730 PARK RD NW 510 KING STREET

WASHINGTON,, DC 20010 SUITE 424 ALEXANDRIA, VA 22314

**Current Mailing Address:** New Mailing Address:

1730 PARK RD NW 510 KING STREET

WASHINGTON,, DC 20010 SUITE 424

ALEXANDRIA, VA 22314

FEI Number: 59-1669254 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

LYNCH, CATHERINE G LYNCH, CATHERINE G

1515 B,W, 7TH STREET, SUITE 112 1515 B,W, 7TH STREET, SUITE 112

MIAMI, FL 33125 MIAMI, FL 33125 US 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: DEBORAH BAROCH 04/27/2005

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

YOUNG, MARLENE A., ADKINS, JEANNETTE Name: Name: 32465 NE OLD PARROTT MTN RD Address: 2249 CREEKVIEW PLACE Address: City-St-Zip: NEWBERG, OR 97132 City-St-Zip: BELLBROOK, OH 45305

Title:

Title: ( ) Delete () Change () Addition Name: ROSSMAN, ELIZABETH Name:

Address: 2725 JUDGE FRAN JAMISON WAY Address: City-St-Zip: VIERA, FL 32940 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition RHONDA, BARNER Name: BANKSTON BAILEY, GINGER Name:

41 N. PERRY STREET, SUITE 212 2013 TOPE ROAD Address: Address: DAYTON, OH 45422 City-St-Zip: LITTLE ROCK, AR 72116

City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition Name: STEIN, JOHN H., Name: TYISKA, CHERYL

32465 NE OLD PARROT MTN ROAD 510 KING STREET, SUITE 424 Address: Address:

City-St-Zip: NEWBERG, OR 97132 City-St-Zip: ALEXANDRIA, VA 22314

Title: VΡ () Delete Title: (X) Change ( ) Addition MICHAEL, LYNCH LYNCH, MICHAEL Name: Name:

4400 UNIVERSITY DRIVE 4400 UNIVERSITY DRIVE Address: Address: City-St-Zip: FAIRFAX, VA 22030 City-St-Zip: FAIRFAX, VA 22030

Title: () Delete Title: (X) Change ( ) Addition

KENNETH, COLEMAN COLEMAN, KENNETH Name: Name: Address: 217 E. OHIO STREET Address: 217 E. OHIO STREET ROCKVILLE, IN 47872 City-St-Zip: ROCKVILLE, IN 47872 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DEBORAH BAROCH D 04/27/2005