

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738958

FILED  
May 22, 2006  
Secretary of State

**Entity Name:** NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE, INC.

**Current Principal Place of Business:**

510 KING STREET  
SUITE 424  
ALEXANDRIA, VA 22314

**New Principal Place of Business:**

**Current Mailing Address:**

510 KING STREET  
SUITE 424  
ALEXANDRIA, VA 22314

**New Mailing Address:**

**FEI Number:** 59-1669254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ADKINS, JEANNETTE  
Address: 2249 CREEKVIEW PLACE  
City-St-Zip: BELLBROOK, OH 45305

Title: P ( ) Delete  
Name: ROSSMAN, ELIZABETH  
Address: 2725 JUDGE FRAN JAMISON WAY  
City-St-Zip: VIERA, FL 32940

Title: S ( ) Delete  
Name: BANKSTON BAILEY, GINGER  
Address: 2013 TOPF ROAD  
City-St-Zip: LITTLE ROCK, AR 72116

Title: D ( ) Delete  
Name: TYISKA, CHERYL  
Address: 510 KING STREET, SUITE 424  
City-St-Zip: ALEXANDRIA, VA 22314

Title: VP ( ) Delete  
Name: LYNCH, MICHAEL  
Address: 4400 UNIVERSITY DRIVE  
City-St-Zip: FAIRFAX, VA 22030

Title: T ( ) Delete  
Name: COLEMAN, KENNETH  
Address: 217 E. OHIO STREET  
City-St-Zip: ROCKVILLE, IN 47872

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LAVERY, CAROL  
Address: 1101 SOUTH FRONT ST  
City-St-Zip: HARRISBURG, PA 17104

Title: VP (X) Change ( ) Addition  
Name: LEVEY, DAN  
Address: 1700 W. WASHINGTON STREET  
City-St-Zip: PHOENIX, AZ 85007

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DD (X) Change ( ) Addition  
Name: TYISKA, CHERYL  
Address: 510 KING STREET, SUITE 424  
City-St-Zip: ALEXANDRIA, VA 22314

Title: T (X) Change ( ) Addition  
Name: BATES, MEG  
Address: 177 SALEM COURT  
City-St-Zip: TALLAHASSEE, FL 32301

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CHERYL TYISKA

DD

05/22/2006

Electronic Signature of Signing Officer or Director

Date