

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738958

FILED
Apr 06, 2007
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 ()**

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

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

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

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

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

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: MYERS, JOSEPH
Address: 5250 AERO DRIVE
City-St-Zip: SANTA ROSA, CA 95403

Title: VP (X) Change () Addition
Name: DENTON, ROBERT
Address: 150 FURNACE STREET
City-St-Zip: AKRON, OH 44321

Title: S (X) Change () Addition
Name: LYNCH, MICHAEL
Address: 4400 UNIVERSITY DRIVE
City-St-Zip: FAIRFAX, VA 22030

Title: AS (X) Change () Addition
Name: BARRIOZ, MEREDITH
Address: PO BOX 1566
City-St-Zip: CLEMSON, SC 29633

Title: T (X) Change () Addition
Name: BARNER, RHONDA
Address: 41 NORTH PERRY STREET
City-St-Zip: DAYTON, OH 45422

Title: VP (X) Change () Addition
Name: STEVE, TWIST ESQ.
Address: 13870 N. 98TH PLACE
City-St-Zip: SCOTTSDALE, AZ 85260

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: DEBORAH BAROCH

D

04/06/2007

Electronic Signature of Signing Officer or Director

_____ Date