2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# 738958

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:	MYERS, JOSEPH	
Address:	5250 AERO DRIVE	
City-St-Zip:	SANTA ROSA, CA 95403	
Title:	VP	( ) Delete
Name:	DENTON, ROBERT	
Address:	150 FURNACE STREET	
City-St-Zip:	AKRON, OH 44321	
Title:	S	( ) Delete
Name:	LYNCH, MICHAEL	
Address:	4400 UNIVERSITY DRIVE	
City-St-Zip:	FAIRFAX, VA 22030	
Title:	AS	( ) Delete
Name:	BARRIOZ, MEREDITH	
Address:	PO BOX 1566	
City-St-Zip:	CLEMSON, SC 29633	
Title:	T	( ) Delete
Name:	BARNER, RHONDA	
Address:	41 NORTH PERRY STREET	
City-St-Zip:	DAYTON, OH 45422	
Title:	VP	( ) Delete
Name:	STEVE, TWIST ESQ.	
Address:	13870 N. 98TH PLACE	
City-St-Zip:	SCOTTSDALE, AZ 85260	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	BARRIOZ, MEREDITH	
Address:	CLEMSON POLICE DEPARTMENT	
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:	TWIST, STEVE ESQ	
Address:	13870 N. 98TH PLACE	
City-St-Zip:	SCOTTSDALE, AZ 85260	
Title:	ED	(X) Change ( ) Addition
Name:	MARLING, WILLIAM	
Address:	510 KING STREET, SUITE 424	
City-St-Zip:	ALEXANDRIA, VA 22314	

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM MARLING ED 04/16/2008

Electronic Signature of Signing Officer or Director — Date