# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2012**
**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
Name: JEFFRIES, TIMOTHY ESQ
Address: 10214 E. SHANGRI LA ROAD
City-St-Zip: SCOTTSDALE, AZ 85260

Title: VP
Name: BARNER, RHONDA
Address: 6600 RANCH HILL DRIVE
City-St-Zip: DAYTON, OH 45415

Title: S
Name: PELLICCIA, FRANCES MD
Address: 123 HOW LANE
City-St-Zip: NEW BRUNSWICK, NJ 08901

Title: T
Name: GEORGE, SYVESTRE
Address: 64 SNAKE MEADOW HILL ROAD
City-St-Zip: MOOSUP, CT 06354

Title: ED
Name: MARLING, WILLIAM
Address: 510 KING STREET, SUITE 424
City-St-Zip: ALEXANDRIA, VA 22314

I hereby 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 all other like empowered.

SIGNATURE: WILL MARLING ED 04/27/2012

Electronic Signature of Signing Officer or Director Date