2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 750099

1. Entity Name
FLORIDA COALITION AGAINST DOMESTIC VIOLENCE, INC.

Principal Place of Business
425 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 US

Mailing Address
425 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 US

01202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2055476
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARR, TIFFANY
425 OFFICE PLAZA
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000195650
01/26/05-80036-013 70.00

10. OFFICERS AND DIRECTORS

TITLE	1VP
NAME	FAGAN, DONNA
STREET ADDRESS	PO BOX 1028
CITY-ST-ZIP	LAKE CITY, FL 320561028
TITLE	PD
NAME	MORRILL, PENNY
STREET ADDRESS	PO BOX 928
CITY-ST-ZIP	DADE CITY, FL 33526
TITLE	2VPD
NAME	HERRMANN, KATHY
STREET ADDRESS	PO BOX 10102
CITY-ST-ZIP	NAPLES, FL 34101
TITLE	RSD
NAME	HARRISON, THERESA
STREET ADDRESS	PO BOX 5099
CITY-ST-ZIP	GAINESVILLE, FL 326275099
TITLE	ED
NAME	CARR, TIFFANY
STREET ADDRESS	425 OFFICE PLAZA
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	PPD
NAME	SILER, ELLEN
STREET ADDRESS	PO BOX 4909
CITY-ST-ZIP	JACKSONVILLE, FL 32201

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #