

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750099

FILED
Jan 15, 2010
Secretary of State

Entity Name: FLORIDA COALITION AGAINST DOMESTIC VIOLENCE, INC.

Current Principal Place of Business:

425 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

425 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2055476 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARR, TIFFANY
425 OFFICE PLAZA
TALLAHASSEE, FL 32301 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: PRES
Name: RIFFEY, SHANDRA
Address: PO BOX 16287
City-St-Zip: FERNANDINA BEACH, FL 32035 US

Title: 1VP
Name: FAGAN, DONNA
Address: PO BOX 1028
City-St-Zip: LAKE CITY, FL 32056 US

Title: 2VPD
Name: SILER, ELLEN
Address: PO BOX 4909
City-St-Zip: JACKSONVILLE, FL 32201 US

Title: RS
Name: WARREN, M.F.
Address: PO BOX 142
City-St-Zip: DAYTONA BEACH, FL 32115 US

Title: CEO
Name: CARR, TIFFANY
Address: 425 OFFICE PLAZA
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: TREA
Name: DIAZ-VIDAILLET, ANGELA
Address: PO BOX 470728
City-St-Zip: MIAMI, FL 33147 US

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: PATRICA DUARTE

CFO

01/15/2010

Electronic Signature of Signing Officer or Director

Date