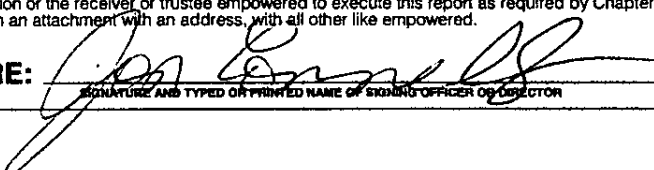


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000004561 1. Entity Name INSTITUTE FOR SURVIVORS OF SEXUAL VIOLENCE, INC.						FILED 04 MAR 16 AM 9:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 6520 HIGH POINT BLVD. DELRAY BEACH, FL				Mailing Address 725 NORTH A1A, STE. E-107 JUPITER, FL 33477-9514			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CONNELLY, JON DR. PHD 725 NORTH A1A, STE. E-107 JUPITER, FL 33477-9514				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P - D LAKE, LARRY PHD 229 MARSHSIDE SAINT AUGUSTINE, FL 32080 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT EVANS 840 N. STATE ROAD 434 ALTAMONTE SPRINGS FL 32714 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST - D ELWELL, GLORIA PHD P.O. 337/38052 MARRIDIAN AVE DADE CITY, FL 33526 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DR. STUART SINOFF 1591 GULF BLVD #401 CLEARWATER, FL 33767 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHENCK, ROBERT PHD 901 SKYLINE DRIVE CORAM, NY 11727 ☐ Delete			100030933401 03/23/04--01072--015 **61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERSMAN, SHAWN 1451 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309 ☒ Delete			☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CONNELLY, JON 652 D HIGH POINT BLVD DELRAY BEACH, FL 33445 ☐ Delete			☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Addition			
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: 				3/06/04 561-741-4181 Date Daytime Phone #			