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	Mailing Address
652D HIGH POINT BLVD. DELRAY BEACH, FL	725 NORTH A1A, STE. E-107 JUPITER, FL 33477-9514

03062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 43-1978036 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONNELLY, JON DR. PHD 725 NORTH A1A, STE. E-107 JUPITER, FL 33477-9514	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	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	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	☐ Change ☐ Addition
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #