2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000004561

1. Entity Name
INSTITUTE FOR SURVIVORS OF SEXUAL VIOLENCE, INC.

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

01302005 No Chg-NP CR2E037 (10/03)

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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

CONNELLY, JON DR. PHD
725 NORTH A1A, STE. E-107
JUPITER, FL 33477-9514

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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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAKE, LARRY PHD
STREET ADDRESS	229 MARSHSIDE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080
TITLE	ST
NAME	ELWELL, GLORIA PHD
STREET ADDRESS	P.O. 337/38052 MARRIDIAN AVE
CITY-ST-ZIP	DADE CITY, FL 33526
TITLE	D
NAME	SCHENCK, ROBERT PHD
STREET ADDRESS	901 SKYLINE DRIVE
CITY-ST-ZIP	CORAM, NY 11727
TITLE	D
NAME	EVANS, ROBERT
STREET ADDRESS	840 N STATE ROAD 434
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	M
NAME	CONNELLY, JON
STREET ADDRESS	652 D HIGH POINT BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	D
NAME	SINOFF, STUART DR
STREET ADDRESS	1591 GULF BLVD #401
CITY-ST-ZIP	CLEARWATER, FL 33767

000000212875
02/03/05-80048-014 61.25

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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: Jon Connelly 1/30/05 5617414181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #