2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000004561

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

FILED
05 AUG 24 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4286 WEST MAIN STREET JUPITER, FL 33477	4286 WEST MAIN STREET JUPITER, FL 33477

08212005 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 4286 WEST MAIN STREET JUPITER, FL 33477	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 X Jon Connelly 8/22/2005
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 LAKE, LARRY PHD 229 MARSHSIDE SAINT AUGUSTINE, FL 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARK D. McWilliams, Esq. 4600 N. Ocean Blvd. Suite 206 BOYNTON BEACH, FL 33435 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ELWELL, GLORIA PHD P.O. 337/38052 MARRIDIAN AVE DADE CITY, FL 33526	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAY J. STRAUSS 3837 N.W. BOCA RATON BLVD. BOCA RATON, FL 33431 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHENCK, ROBERT PHD 901 SKYLINE DRIVE CORAM, NY 11727	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Darlene Williams 1465 S. Fort Harrison Ave. Clearwater, FL 33756 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVANS, ROBERT 840 N STATE ROAD 434 ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100059017891 08/26/05--01042--017 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M, EXECUTIVE DIRECTOR CONNELLY, JON 652 D HIGH POINT BLVD DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SINOFF, STUART DR 1591 GULF BLVD #401 CLEARWATER, FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: X Jon Connelly 8/22/05 561-541-4181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #