
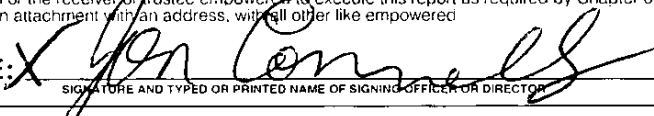


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90021 040 \*\*\*\*61.25

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # N02000004561</b><br>1. Entity Name<br>INSTITUTE FOR SURVIVORS OF SEXUAL VIOLENCE, INC.  |   |  |   |    |  |
| Principal Place of Business<br>4286 WEST MAIN STREET<br>JUPITER, FL 33477   |   |  | Mailing Address<br>4286 WEST MAIN STREET<br>JUPITER, FL 33477 |   |  |
| 2. Principal Place of Business - No P.O. Box #  |   | 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<br><br>CONNELLY, JON DR. PHD<br>4286 WEST MAIN STREET<br>JUPITER, FL 33477  |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;"><small>DATE</small></div>  |   |  |   |   |  |
| <b>Filing Fee is \$61.25.</b><br><b>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <div style="text-align: right;"><b>Make check payable to Florida Department of State</b></div>  |   |  |   |   |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10         |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>LAKE, LARRY PHD<br>229 MARSHSIDE<br>SAINT AUGUSTINE, FL 32080 <div style="text-align: right;"><input type="checkbox"/> Delete</div>                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST<br>ELWELL, GLORIA PHD<br>P.O. 337/38052 MARRIDIAN AVE<br>DADE CITY, FL 33526 <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SCHENCK, ROBERT PHD<br>1800 WASHINGTON ST APT 911<br>SAN FRANCISCO, CA 94109 <div style="text-align: right;"><input type="checkbox"/> Delete</div> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>EVANS, ROBERT<br>840 N STATE ROAD 434<br>ALTAMONTE SPRINGS, FL 32714 <div style="text-align: right;"><input type="checkbox"/> Delete</div>         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | EDM<br>CONNELLY, JON<br>652 D HIGH POINT BLVD<br>DELRAY BEACH, FL 33445 <div style="text-align: right;"><input type="checkbox"/> Delete</div>           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SINOFF, STUART DR<br>1591 GULF BLVD #401<br>CLEARWATER, FL 33767 <div style="text-align: right;"><input type="checkbox"/> Delete</div>             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 |   |  |   |   |  |
| <b>SIGNATURE:</b>  <div style="float: right;"> <small>Date</small><br/> <small>Daytime Phone #</small> </div>  |   |  |   |   |  |