

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004561

FILED
May 01, 2009
Secretary of State

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

Current Principal Place of Business:

4286 WEST MAIN STREET
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

4286 WEST MAIN STREET
JUPITER, FL 33477

New Mailing Address:

FEI Number: 43-1978036 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CONNELLY, JON DR. PHD
4286 WEST MAIN STREET
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAKE, LARRY PHD
Address: 229 MARSHSIDE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: ST () Delete
Name: ELWELL, GLORIA PHD
Address: P.O. 337/38052 MARRIDIAN AVE
City-St-Zip: DADE CITY, FL 33526

Title: D () Delete
Name: SCHENCK, ROBERT PHD
Address: 1800 WASHINGTON ST APT 911
City-St-Zip: SAN FRANCISCO, CA 94109

Title: D () Delete
Name: EVANS, ROBERT
Address: 840 N STATE ROAD 434
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: EDM () Delete
Name: CONNELLY, JON
Address: 652 D HIGH POINT BLVD
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: SINOFF, STUART DR
Address: 1591 GULF BLVD #401
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON CONNELLY

Electronic Signature of Signing Officer or Director

EDM

05/01/2009

Date