2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004561

FILED Mar 17, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

4286 WEST MAIN STREET JUPITER, FL 33477

Current Mailing Address: New Mailing Address:

4286 WEST MAIN STREET JUPITER, FL 33477

FEI Number: 43-1978036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: I

Name: LAKE, LARRY PHD Address: 229 MARSHSIDE

City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: ST

Name: ELWELL, GLORIA PHD Address: P.O. 337/38052 MARRIDIAN AVE

City-St-Zip: DADE CITY, FL 33526

Title: D

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

Title:

Name: EVANS, ROBERT Address: 840 N STATE ROAD 434

City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: EDM

Name: CONNELLY, JON
Address: 652 D HIGH POINT BLVD
City-St-Zip: DELRAY BEACH, FL 33445

Title: [

Name: SINOFF, STUART DR Address: 1591 GULF BLVD #401 City-St-Zip: CLEARWATER, FL 33767

I hereby 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 all other like empowered.

SIGNATURE: JON CONNELLY EDM 03/17/2010