

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004561

FILED  
Apr 30, 2011  
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 ( )**

**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  
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: D  
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: D  
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

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date