

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004561

FILED  
Apr 29, 2012  
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:**

440 B HIGH POINT DRIVE  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

4286 WEST MAIN STREET  
JUPITER, FL 33477

**New Mailing Address:**

440 B HIGH POINT DRIVE  
DELRAY BEACH, FL 33445

**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:**

CONNELLY, JON DR. PHD  
440 B HIGH POINT DRIVE  
DELRAY BEACH, FL 33445 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: JON CONNELLY

04/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CONNELLY, JON PHD  
Address: 440 B HIGH POINT DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: ST  
Name: PAYNE, GLORIA PHD  
Address: 38108 MERIDIAN AVE  
City-St-Zip: DADE CITY, FL 33525

Title: D  
Name: WILLIAMS, DARLENE DR  
Address: 1251 SOUTH MYRTLE AVE  
City-St-Zip: CLEARWATER, FL 33756

Title: D  
Name: BARHAM, DEB  
Address: PO BOX 306  
City-St-Zip: CPRON, VA 23829

Title: EDM  
Name: CONNELLY, JON  
Address: 440 B HIGH POINT DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D  
Name: SANFORD, MOLLY  
Address: 3910 NORTHDAL BLVD STE 208  
City-St-Zip: TAMPA, FL 33624

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

04/29/2012

Electronic Signature of Signing Officer or Director

Date