2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005
Secretary of State

DOCUMENT# N04000004879

Entity Name: DOMESTIC INFLICTED VIOLENCE ASSOCIATION, INC

Current Principal Place of Business:

P.O. BOX 292-577
DAVIE, FL 33329

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 292-577
DAVIE, FL 33329

New Mailing Address:

FEI Number: 65-0745597 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONONIE, SEAN A
1203 NORTH FEDERAL HIGHWAY
HOLLYWOOD, FL 33020 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: CONONIE, SEAN A
Address: 1203 NORTH FEDERAL HIGHWAY
City-St-Zip: HOLLYWOOD, FL 33024

Title: V ( ) Delete
Name: CROSS, LOIS A
Address: 1203 NORTH FEDERAL HIGHWAY
City-St-Zip: HOLLYWOOD, FL 33024

Title: V ( ) Delete
Name: TARGETT, MARK
Address: 1203 NORTH FEDERAL HIGHWAY
City-St-Zip: HOLLYWOOD, FL 33024

Title: V ( ) Delete
Name: FREITES, CATHY
Address: 1203 NORTH FEDERAL HIGHWAY
City-St-Zip: HOLLYWOOD, FL 33020

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SEAN A CONONIE P 01/24/2005

Electronic Signature of Signing Officer or Director — Date