

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004879

FILED
May 02, 2007
Secretary of State

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:

1203 N FEDERAL HWY
HOLLYWOOD, FL 33020

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 ()**
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:

Name and Address of New Registered Agent:

CONONIE, SEAN A
1203 NORTH FEDERAL HIGHWAY
HOLLYWOOD, FL 33020 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: 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 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: SEAN A CONONIE

P

05/02/2007

Electronic Signature of Signing Officer or Director

Date