

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005929

FILED
Apr 13, 2007
Secretary of State

Entity Name: PEOPLE AGAINST VIOLENCE ENTERPRISES, INC.

Current Principal Place of Business:

4925 NE 3RD PL
GAINESVILLE, FL 32641

New Principal Place of Business:

Current Mailing Address:

4925 NE 3RD PL
GAINESVILLE, FL 32641

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASWELL, JOHN H
211 NE 1ST ST
GAINESVILLE, FL 32601 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: DP () Delete
Name: ANDERSON, KARL REV
Address: 4925 NE 3RD PL
City-St-Zip: GAINESVILLE, FL 32641

Title: DV () Delete
Name: ANDERSON, BRECKA
Address: 4925 NE 3RD PL
City-St-Zip: GAINESVILLE, FL 32641

Title: DT () Delete
Name: ANDERSON, RICHARD
Address: 834 SE 11TH ST
City-St-Zip: GAINESVILLE, FL 32641

Title: DS () Delete
Name: BROWN, SHAWNTELL
Address: 4518 SE 2ND PL
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: CERVONE, WILLIAM P
Address: 120 W UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: MAJOR, BRUCE
Address: 423 SE 119TH AVE
City-St-Zip: MICANOPY, FL 32667

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:

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 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: KARL ANDERSON

DP

04/13/2007

Electronic Signature of Signing Officer or Director

Date