

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008957

FILED  
Apr 01, 2008  
Secretary of State

Entity Name: SURVIVORS AGAINST VIOLENCE, INC.

## Current Principal Place of Business:

3826 SW 167TH AVE  
MIRAMAR, FL 33027

## New Principal Place of Business:

## Current Mailing Address:

3826 SW 167TH AVE  
MIRAMAR, FL 33027

## New Mailing Address:

FEI Number: 41-2274185

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VINCENT, CARLEEN  
3826 SW 167TH AVE  
MIRAMAR, FL 33027 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: VINCENT, CARLEEN  
Address: 3826 SW 167TH AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: DVP ( ) Delete  
Name: MCCLELLAN, APRIL  
Address: 7110 NW 21 AVE  
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete  
Name: SMITH, KELVIN  
Address: 4115 NW 191ST TERRACE  
City-St-Zip: OPA LOCKA, FL 33055

Title: D ( ) Delete  
Name: SMITH, KELVIN  
Address: 16254 SW 18TH PLACE  
City-St-Zip: MIRAMAR, FL 33027

Title: D (X) Delete  
Name: THICKLIN, JR  
Address: PO BOX 18573  
City-St-Zip: WEST PALM BEACH, FL 33416

## 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: D (X) Change ( ) Addition  
Name: ROBINSON, ERIC  
Address: 12515 NW 23RD AVENUE  
City-St-Zip: MIAMI, FL 33167

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: CARLEEN VINCENT

DP

04/01/2008

Electronic Signature of Signing Officer or Director

Date