[redacted]W: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

95 MAY -1 PM 9:16

TALLAHASSEE, FLORIDA

DOCUMENT # N07310 (8)

1. Corporate Name

AID TO VICTIMS OF DOMESTIC ASSAULT, INC.

Principal Place of Business	Mailing Address
% SHANDRA DAWKINS P. O. BOX 667 DELRAY BEACH FL 33444	% SHANDRA DAWKINS P O BOX 667 DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/25/1985	04/08/1994

4. FEI Number: 59-2486620 — Applied For / Not Applicable

2. Principal Place of Business: 21 / State Apt # etc. 23 / Zip 24 / Country 25

2a. Mailing Address: 26 / Suite Apt # etc. 27 28 / Zip 29 / Country 30

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. **Name and Address of Current Registered Agent**

~~MCGRADY ANGELA~~
~~803 SW 7TH AVENUE~~
~~DELRAY BEACH FL 33445~~

10. **Name and Address of New Registered Agent**

81 Name: WILLIAM GRAVES
82 Street Address (P.O. Box Number is Not Acceptable): 2418 24th LANE
83
84 City: LAKE WORTH FL 85 Zip Code: 33463

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: William Graves — Date: 1-23-95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	COLLIE EVANS JONES
STREET ADDRESS	19667 MONTANA LANE
CITY ST ZIP	BOCA RATON FL
TITLE	D
NAME	~~HIGHTOWER BARBARA~~
STREET ADDRESS	~~1500 NORTH CONGRESS AVE. #26 C~~
CITY ST ZIP	~~WEST PALM BCH., FL~~ 33401
TITLE	T
NAME	~~POLESHUCK WALTER~~
STREET ADDRESS	~~6794 MOOLIT DR.~~
CITY ST ZIP	~~DELRAY BEACH FL 33486~~
TITLE	D
NAME	~~PYE THOMAS~~
STREET ADDRESS	~~5355 TOWN CENTER RD (SUITE 301)~~
CITY ST ZIP	~~BOCA RATON FL 33486~~
TITLE	D
NAME	~~WOODS MARK~~
STREET ADDRESS	~~300 W. ATLANTIC AVE~~ DELETE
CITY ST ZIP	~~DELRAY BCH. FL.~~
TITLE	D
NAME	WILLIAMS, C. DR.
STREET ADDRESS	100 EAST ATLANTIC AVENUE
CITY ST ZIP	DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP		☐ Change ☐ Addition
21 TITLE	VICE-PRESIDENT (D)	☑ Change ☐ Addition
22 NAME	PAUL GOUS	
23 STREET ADDRESS	3570 LAKEVIEW DRIVE	
24 CITY ST ZIP	DELRAY BEACH, FL 33445	
31 TITLE	SECRETARY (D)	☑ Change ☐ Addition
32 NAME	LOUISE SHERVAN	
33 STREET ADDRESS	5877 CATESBY STREET	
34 CITY ST ZIP	BOCA RATON, FL 33433	
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Collie Evans Jones — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-23-95

Daytime Phone