


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **N07310** (8)

1. Corporation 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

3. Date Incorporated or Qualified 01/25/1985	
4. FEI Number 59-2486620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	
KADWELL, ETHEL 1600 DOVER RD #112B DELRAY BEACH FL 33445	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PD
NAME	COLLIE EVANS JONES	1.2 NAME	Paul Golis
STREET ADDRESS	19667 MONTANA LANE	1.3 STREET ADDRESS	4100 RCA Blvd., Ste. 100
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	DVP	2.1 TITLE	1st VP D
NAME	GOLIS, PAUL	2.2 NAME	Connie MacKenzie
STREET ADDRESS	3570 LAKEVIEW DR	2.3 STREET ADDRESS	3819 Lowson Blvd.
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	SD	3.1 TITLE	2nd VP D
NAME	SHERVAN, LOUISE	3.2 NAME	Rosalind Murray
STREET ADDRESS	5877 CATESBY ST	3.3 STREET ADDRESS	2 NW 18th St.
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Delray Beach, FL 33444
TITLE	D	4.1 TITLE	secretary D
NAME	WILLIAMS, C. DR.	4.2 NAME	Ann Salamone
STREET ADDRESS	100 EAST ATLANTIC AVENUE	4.3 STREET ADDRESS	3950 RCA Blvd., #5003
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE		5.1 TITLE	Treasurer D
NAME		5.2 NAME	Sanford Alberts
STREET ADDRESS		5.3 STREET ADDRESS	3900 Calle del Paz North
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: 01/15/98

CR2E037 (10/97)