

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90134 039 ****70.00

DOCUMENT # N07310

1. Corporation Name

AID TO VICTIMS OF DOMESTIC ABUSE, INC.

Principal Place of Business

% SHANDRA DAWKINS
P. O. BOX 667
DELRAY BEACH FL 33444

Mailing Address

% SHANDRA DAWKINS
P. O. BOX 667
DELRAY BEACH FL 33444



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/25/1985

4. FEI Number

59-2486620

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☐ DELETE
NAME MACKENZIE, CONNIE
STREET ADDRESS 3819 LOWSON BLVD
CITY-ST-ZIP DELRAY BCH FL 33445

TITLE PD ☒ DELETE
NAME GOLIS, PAUL
STREET ADDRESS 4100 RCA BLVD STE 100
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE VPD ☒ DELETE
NAME MURRAY, ROSALIND
STREET ADDRESS 2 NW 18TH ST
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE SD ☐ DELETE
NAME SALAMONE, ANN
STREET ADDRESS 3950 RCA BLVD, #5003
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE TD ☒ DELETE
NAME ALBERTS, SANFORD
STREET ADDRESS 3900 CALLE DEL PAZ NORTH
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME MACKENZIE, CONNIE
1.3 STREET ADDRESS 3819 LOWSON BLVD
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33445

2.1 TITLE PD ☐ Change ☒ Addition
2.2 NAME HYMAN, ARLENE L.
2.3 STREET ADDRESS 871 NE 35th Street
2.4 CITY-ST-ZIP Boca Raton, FL 33431

3.1 TITLE TD ☐ Change ☒ Addition
3.2 NAME WAGNER, JOYCE
3.3 STREET ADDRESS 6370 LOS FLORES DROVE
3.4 CITY-ST-ZIP BOCA RATON, FL 33433

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME CALIA, JOHN
4.3 STREET ADDRESS 1100 S. Ocean Blvd. #5
4.4 CITY-ST-ZIP DELRAY BEACH, FL 33483

5.1 TITLE VPD ☒ Change ☐ Addition
5.2 NAME ALBERTS, SANFORD
5.3 STREET ADDRESS 3900 CALLE DEL PAZ NORTH
5.4 CITY-ST-ZIP BOCA RATON, FL 33433

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME DILLON, MARION L.
6.3 STREET ADDRESS 4430 WOODFIELD BLVD.
6.4 CITY-ST-ZIP BOCA RATON, FL 33434

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, with all other like empowered.

SIGNATURE:

Shandra Dawkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

Date

561-245-3797

Daytime Phone #

CR2E037 (11/98)