2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07310

FILED Apr 02, 2008 Secretary of State

Entity Name: AID TO VICTIMS OF DOMESTIC ABUSE, INC.

	Principal Place o	of Business:	New Principal Place of Business:
SUITE C9	EDERAL HWY WC10 BEACH, FL 334	83 US	
Current N	/lailing Address	:	New Mailing Address:
P. O. BOX DELRAY I	(6161 BEACH, FL 334	82 US	
El Number	r: 59-2486620	FEI Number Applied For ()) FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	d Address of Cเ	ırrent Registered Agent	t: Name and Address of New Registered Agent:
423 FERN SUITE 200	OHN A ESQ I STREET 0 ILM BEACH, FL	33401 US	
	e named entity su e of Florida.	ıbmits this statement for t	the purpose of changing its registered office or registered agent, or bo
SIGNATU	RE:		
	Electronic	Signature of Registered	d Agent Date
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
Fitle: Name: Address: City-St-Zip:	VD () E VEGSO, ANNE 2905 S. FEDERA DELRAY BEACH		Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: Dity-St-Zip:	SD () [COADY, KATHEF 2905 S. FEDERA DELRAY BEACH	AL HIGHWAY	Title: () Change () Addition Name: Address: City-St-Zip:
	VD ()[SHAPINS, PATRI	Delete CIA	Title: VD (X) Change () Addition Name: HOFFMAN, DIANE
Name: Nddress:	2905 S. FEDERA DELRAY BEACH		Address: 2905 S. FEDERAL HIGHWAY City-St-Zip: DELRAY BEACH, FL 33483 US
Fitle: Name: Nadress: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip:	2905 S. FEDERA DELRAY BEACH	, FL 33483 US Delete NL HIGHWAY	
Name: Address: City-St-Zip: Title: Name: Address:	2905 S. FEDERA DELRAY BEACH PD () I PAILLET, DIANE 2905 S. FEDERA DELRAY BEACH	, FL 33483 US Delete AL HIGHWAY , FL 33483 US Delete ERLY AL HIGHWAY	City-St-Zip: DELRAY BEACH, FL 33483 US Title: () Change () Addition Name: Address:

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: DIANE PAILLET PD 04/02/2008