

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07310

FILED
Apr 01, 2010
Secretary of State

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

Current Principal Place of Business:

2905 S FEDERAL HWY
SUITE C9/C10
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 6161
DELRAY BEACH, FL 33482 US

New Mailing Address:

FEI Number: 59-2486620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOLEY, JOHN A ESQ
423 FERN STREET
SUITE 200
WEST PALM BEACH, FL 33401 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: PD
Name: BENNETT, ANN
Address: 2905 S. FEDERAL HIGHWAY
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: SD
Name: AMES, SUSAN
Address: 2905 S. FEDERAL HIGHWAY
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: VD
Name: MENSAH, RHONDA
Address: 2905 S. FEDERAL HIGHWAY
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: TD
Name: CORDNER, BEVERLY
Address: 2905 S. FEDERAL HIGHWAY
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: VD
Name: HARTMANN, CRAIG
Address: 2905 S. FEDERAL HIGHWAY
City-St-Zip: DELRAY BEACH, FL 33483 US

I hereby 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 all other like empowered.

SIGNATURE: ANN BENNETT

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04/01/2010

Electronic Signature of Signing Officer or Director

_____ Date