

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001800

Entity Name: SURVIVORS OF STALKING, INC.

FILED  
Apr 27, 2004  
Secretary of State

## Current Principal Place of Business:

PO BOX 89791  
TAMPA, FL 33672 US

## New Principal Place of Business:

PO BOX 89791  
TAMPA, FL 33689 US

## Current Mailing Address:

PO BOX 89791  
TAMPA, FL 33672 US

## New Mailing Address:

PO BOX 89791  
TAMPA, FL 33689 US

FEI Number: 59-3308494

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ELLIS, BRIAN C  
6060 RIVER TRACE  
TAMPA, FL 33617 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: PTD ( ) Delete  
Name: GOODALE, RENEE  
Address: PO BOX 89791  
City-St-Zip: TAMPA, FL 336890413

Title: VD ( ) Delete  
Name: MACDONALD, MIKE  
Address: PO BOX 89791  
City-St-Zip: TAMPA, FL 336890413

Title: SD ( ) Delete  
Name: DIAL, TERESA  
Address: PO BOX 89791  
City-St-Zip: TAMPA, FL 336890413

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RENEE GOODALE

PTD

04/27/2004

Electronic Signature of Signing Officer or Director

Date