

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002437

FILED
May 06, 2004
Secretary of State

Entity Name: DOMESTIC VIOLENCE INTERVENTIONS OF FLORIDA, INC.

Current Principal Place of Business:

18051 SW 11TH CT
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

18051 SW 11TH CT
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-0773247 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DEARR, CRAIG R
TWO DATRAN CENTER-SUITE 1609
9130 S. DADELAND BLVD.
MIAMI, FL 33156 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 () Delete
Name: HUSSELN, MOHAMED M
Address: 18051 S.W. 11TH COURT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: HOMER, VERNALENE
Address: 4020 DANFORD ROAD, #106
City-St-Zip: ATLANTA, GA 30331

Title: SD () Delete
Name: SMTIH, JAMES
Address: 210 SEAMAN AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: D () Delete
Name: ARNOLD, ERIK MICHAEL
Address: 18051 SE 11TH CT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DCEO () Delete
Name: HOMER, THERESE
Address: 18051 SW 11TH CT.
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: CASON, CHERYL
Address: 2495 ALI BABA AVENUE
City-St-Zip: OPA-LOCKA, FL 33054

Title: D (X) Change () Addition
Name: ARNOLD, ERIK-MICHAEL
Address: 18051 SE 11TH CT
City-St-Zip: PEMBROKE PINES, FL 33029

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: THERESE HOMER

DCEO

05/06/2004

Electronic Signature of Signing Officer or Director

Date