#### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004561

Entity Name: INSTITUTE FOR SURVIVORS OF SEXUAL VIOLENCE, INC.

FILED Feb 10, 2023 Secretary of State 9798605691CC

# **Current Principal Place of Business:**

4002 N SAN ANDROS

WEST PALM BEACH, FL 33411

# **Current Mailing Address:**

4002 N SAN ANDROS

WEST PALM BEACH. FL 33411 US

FEI Number: 43-1978036 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

CONNELLY, JON DR. PHD 4002 N SAN ANDROS WEST PALM BEACH, FL 33411 US

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

#### Officer/Director Detail:

Title PRESIDENT Title TRUSTEE

Name CONNELLY, JON PHD Name O'CONNOR, TIM

Address 4002 N SAN ANDROS Address 501 NE 49TH STREET

City-State-Zip: WEST PALM BEACH FL 33411 City-State-Zip: FT. LAUDERDALE FL 33334

Title TRUSTEE Title TRUSTEE

Name SCHOOLER, DOUGLAS PHD Name ROSENBERG, RINDA
Address 200 W. CAMINO REAL Address 9178 NW 50TH CT.

City-State-Zip: BOCA RATON FL 33432 City-State-Zip: CORAL SPRINGS FL 33067

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: JON CONNELLY PRESIDENT 02/10/2023