2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2013
Secretary of State
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Entity Name: INSTITUTE FOR SURVIVORS OF SEXUAL VIOLENCE, INC.

Current Principal Place of Business:

440 B HIGH POINT DRIVE
DELRAY BEACH, FL 33445

Current Mailing Address:

440 B HIGH POINT DRIVE
DELRAY BEACH, FL 33445

FEI Number: 43-1978036

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONNELLY, JON DR. PHD
440 B HIGH POINT DRIVE
DELRAY BEACH, FL 33445 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	P
Name	CONNELLY, JON PHD
Address	440 B HIGH POINT DRIVE
City-State-Zip:	DELRAY BEACH FL 33445

Title	D
Name	WILLIAMS, DARLENE DR
Address	1251 SOUTH MYRTLE AVE
City-State-Zip:	CLEARWATER FL 33756

Title	EDM
Name	CONNELLY, JON
Address	440 B HIGH POINT DRIVE
City-State-Zip:	DELRAY BEACH FL 33445

Title	ST
Name	PAYNE, GLORIA PHD
Address	38108 MERIDIAN AVE
City-State-Zip:	DADE CITY FL 33525

Title	D
Name	BARHAM, DEB
Address	PO BOX 306
City-State-Zip:	CPRON VA 23829

Title	D
Name	SANFORD, MOLLY
Address	3910 NORTHDALE BLVD STE 208
City-State-Zip:	TAMPA FL 33624

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 04/30/2013

Electronic Signature of Signing Officer/Director Detail — Date