

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004561

Entity Name: INSTITUTE FOR SURVIVORS OF SEXUAL VIOLENCE, INC.**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	P
Name	CONNELLY, JON PHD
Address	4002 N SAN ANDROS
City-State-Zip:	WEST PALM BEACH FL 33411

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

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

Title	EDM
Name	CONNELLY, JON
Address	4002 N SAN ANDROS
City-State-Zip:	WEST PALM BEACH FL 33411

Title	PHD
Name	SCHOOLER, DOUGLAS PHD
Address	200 W. CAMINO REAL
City-State-Zip:	BOCA RATON FL 33432

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****03/13/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date