

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07310

Entity Name: AID TO VICTIMS OF DOMESTIC ABUSE, INC.**Current Principal Place of Business:**205 NE 5TH TERRACE
DELRAY BEACH, FL 33444**Current Mailing Address:**P. O. BOX 6161
DELRAY BEACH, FL 33482 US**FEI Number:** 59-2486620**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COE, VANESSA
423 FERN STREET
SUITE 200
WEST PALM BEACH, FL 33401 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:** VANESSA COE

04/27/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name BABIJ, TAMI
Address 205 NE 5TH TERRACE
City-State-Zip: DELRAY BEACH FL 33444

Title IMMEDIATE PAST CHAIR
Name CORDNER, BEVERLY
Address 205 NE 5TH TERRACE
City-State-Zip: DELRAY BEACH FL 33444

Title VC
Name HARTMANN, CRAIG
Address 205 NE 5TH TERRACE
City-State-Zip: DELRAY BEACH FL 33444

Title CHAIRWOMAN
Name MAYEN, VICKY
Address 205 NE 5TH TERRACE
City-State-Zip: DELRAY BEACH FL 33444

Title TREASURER
Name JADUSINGH, RENEE
Address 205 NE 5TH TERRACE
City-State-Zip: DELRAY BEACH FL 33444

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: VICKY MAYEN

CHAIRWOMAN

04/27/2021

Electronic Signature of Signing Officer/Director Detail

Date