

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07310

**Entity Name:** AID TO VICTIMS OF DOMESTIC ABUSE, INC.**Current Principal Place of Business:**2905 S FEDERAL HWY  
SUITE C9/C10  
DELRAY BEACH, FL 33483**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:**FOLEY, JOHN AESQ  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	SECRETARY
Name	BABIJ, TAMI
Address	2905 S FEDERAL HWY SUITE C9/C10
City-State-Zip:	DELRAY BEACH FL 33483

Title	VC
Name	DEORCHIS, JEANNETTE
Address	2905 S. FEDERAL HIGHWAY
City-State-Zip:	DELRAY BEACH FL 33483

Title	TREASURER
Name	MAYEN, VICKY
Address	2905 S FEDERAL HIGHWAY
City-State-Zip:	DELRAY BEACH FL 33483

Title	CHAIRMAN
Name	CORDNER, BEVERLY
Address	2905 S. FEDERAL HIGHWAY
City-State-Zip:	DELRAY BEACH FL 33483

Title	VC
Name	GOLDMAN, JEFFREY
Address	2905 S FEDERAL HWY SUITE C9/C10
City-State-Zip:	DELRAY BEACH FL 33483

*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: BEVERLY CORDNER****CHAIRMAN****04/30/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date