

2015 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	CHAIRMAN
Name	MAGRELLA, JEAN
Address	2905 S FEDERAL HWY SUITE C9/C10
City-State-Zip:	DELRAY BEACH FL 33483
Title	TREASURER
Name	BERNARD-AHRENDTS, NADEGE
Address	2905 S. FEDERAL HIGHWAY
City-State-Zip:	DELRAY BEACH FL 33483

Title	SECRETARY
Name	BABJI, TAMI
Address	2905 S. FEDERAL HIGHWAY
City-State-Zip:	DELRAY BEACH FL 33483
Title	VC
Name	DEORCHIS, JEANNETTE
Address	2905 S. FEDERAL HIGHWAY
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: JEAN MAGRELLA**BOARD CHAIR****04/24/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date