2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2024
Secretary of State
9818645514CC

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Entity Name: ACADEMY ON VIOLENCE AND ABUSE, INC.

Current Principal Place of Business:

4505 BEACH BLVD.
JACKSONVILLE, FL 32207

Current Mailing Address:

4505 BEACH BLVD.
JACKSONVILLE, FL 32207 US

FEI Number: 20-2804958

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALEXANDER, RANDELL C
4505 BEACH BLVD
JACKSONVILLE, FL 32207 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	DIRECTOR
Name	KNOX, BARBARA
Address	4505 BEACH BLVD.
City-State-Zip:	JACKSONVILLE FL 32207

Title	PRESIDENT, DIRECTOR
Name	JACKSON, ALLISON
Address	4505 BEACH BLVD.
City-State-Zip:	JACKSONVILLE FL 32207

Title	DIRECTOR
Name	SCHNEIDER, DAVE
Address	4505 BEACH BLVD.
City-State-Zip:	JACKSONVILLE FL 32207

Title	DIRECTOR
Name	ALEXANDER, RANDELL
Address	4505 BEACH BLVD.
City-State-Zip:	JACKSONVILLE FL 32207

Title	CHAIRMAN, DIRECTOR
Name	MEYER, GINGER
Address	4505 BEACH BLVD.
City-State-Zip:	JACKSONVILLE FL 32207

Title	TREASURER, DIRECTOR
Name	CHRISTENSEN, MARIE
Address	2410 SHERWOOD HILLS RD
City-State-Zip:	MINNETONKA MN 55305

Title	DIRECTOR
Name	ISMAILJI, TASNEEM
Address	4505 BEACH BLVD.
City-State-Zip:	JACKSONVILLE FL 32207

Title	DIRECTOR
Name	BERKOWITZ , SHIRA
Address	5915 BEACON STREET
City-State-Zip:	PITTSBURGH PA 15217

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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: ALLISON JACKSON PRESIDENT 04/03/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CHUNG, UN SUN
Address	807 HOGUK-RO, BUK-GU
City-State-Zip:	DAEGU OC 41404

Title	DIRECTOR
Name	CORWIN, DAVE
Address	2495 E. OAK GROVE DRIVE
City-State-Zip:	SANDY UT 84092

Title	DIRECTOR
Name	JELLEY, MARTINA
Address	2839 EAST 44TH COURT
City-State-Zip:	TULSA OK 74105

Title	DIRECTOR
Name	THOMPSON, MACHELLE
Address	7188 OX BOW CIRCLE
City-State-Zip:	TALLAHASSEE FL 32312

Title	DIRECTOR
Name	WIET, SUSIE
Address	876 4TH AVE
City-State-Zip:	SALT LAKE CITY UT 84103

Title	DIRECTOR
Name	COOPER, SHARON
Address	PO BOX 72929
City-State-Zip:	FORT BRAGG NC 28307

Title	DIRECTOR
Name	CRONHOLM, PETER
Address	51 NORTH 39TH STREET 6TH FLOOR MUTCH BLD (MU06046)
City-State-Zip:	PHILADELPHIA PA 19104

Title	DIRECTOR
Name	KEESHIN, BROOKS
Address	4505 BEACH BLVD.
City-State-Zip:	JACKSONVILLE FL 32207

Title	DIRECTOR
Name	RODRIQUEZ-POU, REBECCA
Address	4539 BEACH BLVD
City-State-Zip:	JACKSONVILLE FL 32207

Title	DIRECTOR
Name	MONTALVO-LIENDO, NORA
Address	6500 DOCKBERRY RD LOT #12
City-State-Zip:	BROWNSVILLE TX 78521