FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:17

DOCUMENT # N07062 (5)

1. Corporation Name
FRIENDS OF ABUSED CHILDREN, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 966 WEST PALM BEACH FL 33401	POST OFFICE BOX 966 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2487590 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WALKOVER, LENORA
312 CAVALIER RD
PALM SPRGS FL 33461

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	WALKOVER, LENORA	12 NAME		
STREET ADDRESS	312 CAVALIER RD	13 STREET ADDRESS		
CITY-ST-ZIP	PALM SPGS FL	14 CITY-ST-ZIP		
TITLE	VPD	21 TITLE		☐ Change ☐ Addition
NAME	ROGERS, AGNES	22 NAME		
STREET ADDRESS	111 DOOLEN CT 209C	23 STREET ADDRESS		
CITY-ST-ZIP	NO PALM BCH FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE	T/D	☒ Change ☐ Addition
NAME	WALL, KATHLEEN	32 NAME	PATTI DUNBAR	
STREET ADDRESS	26 SOUTH M ST.	33 STREET ADDRESS	471 WEST 37th ST.	
CITY-ST-ZIP	LAKE WORTH FL	34 CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
TITLE	SD	41 TITLE	S/D	X Change ☐ Addition
NAME	PULLMAN, DOROTHY	42 NAME	BOBBIE RICHARDSON	
STREET ADDRESS	198 SW 13TH AVE.	43 STREET ADDRESS	1447 CROSSWAYS	
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

965-3546

SIGNATURE: Lenora Walkover LENORA WALKOVER 3/7/95 (407) 965-3546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047733