

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam , Secretary of State DIVISION OF CORPORATIONS
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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 33402-0966

3. Date Incorporated or Qualified 01/11/1985	3a. Date of Last Report 03/28/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	
KIETT, STAN 7417-74TH WAY WEST PALM BEACH FL 33407	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	109 ARROWHEAD CIRCLE
84 City	JUPITER FL
85 Zip Code	33458

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KIETT, STAN STAN	1.2 NAME	
STREET ADDRESS	7417-74TH WAY 109 ARROWHEAD CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL JUPITER FL	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LIST, CYNNE	2.2 NAME	
STREET ADDRESS	254 TRADEWIND DR 218 TANGIER AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WALKOVER, LENORA	3.2 NAME	
STREET ADDRESS	312 CAVALIER RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	SD ☒ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	RICKS, PAMELA	4.2 NAME	
STREET ADDRESS	8593 WATER OAK PL	4.3 STREET ADDRESS	SD AL MANN 3264 COVE RD.
CITY-ST-ZIP	TEQUESTA FL	4.4 CITY-ST-ZIP	JUPITER FL 33469
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Stan D. Kiett* **STAN D KIETT** 2/15/97 561 745-8289
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0030025

CR2E037 (9/96)