3-31-98 B 3977 C

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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

3. Date Incorporated or Qualified: 01/11/1985

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

KIETT, STAN
109 ARROWHEAD CIRCLE
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name: George L. Rahaim Jr. Ph.D.
82 Street Address (P.O. Box Number Is Not Acceptable): 927 45th St St 302
83
84 City: West Palm Beach FL 85 Zip Code: 33407

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: G.L. Rahaim Jr. Ph.D. George L. Rahaim Jr. PhD. 3-18-98
Signature, typed or printed name of registered agent and title if applicable. (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	PD	☒ Change ☐ Addition
NAME	KIETT, STAN		1.2 NAME	RAHAIM Jr. George L.	
STREET ADDRESS	109 ARROWHEAD CIRCLE		1.3 STREET ADDRESS	927, 45th St. Ste 302	
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP	West Palm Beach, FL. 33407	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LIST, CYNNIE		2.2 NAME		
STREET ADDRESS	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	SD	☒ Change ☐ Addition
NAME	MANN, AL		4.2 NAME	Kiett, Stan	
STREET ADDRESS	3264 COVE RD		4.3 STREET ADDRESS	109 Arrowhead Circle	
CITY-ST-ZIP	JUPITER FL		4.4 CITY-ST-ZIP	Jupiter, FL 33458	
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		

CR2E037 (10/97)

14. I 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: G.L. Rahaim Jr. Ph.D. George L. Rahaim Jr. PhD 3-18-98 PD