

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90133 025 ****61.25

DOCUMENT # N07062

1. Entity 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 33401-6145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

222 Lakeview Avenue

Suite, Apt. #, etc.

160-209

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Address

222 LAKEVIEW AVENUE

Suite, Apt. #, etc.

160-209

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA

4. FEI Number

59-2487590

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAHAIM, GEORGE L. JR.
927 45TH ST. STE 302
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **RAHAIM, GEORGE L. JR.**
STREET ADDRESS **927 45TH ST. STE. 302**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **VD** ☐ Delete
NAME **LIST, CYNNE**
STREET ADDRESS **218 TANGIER AVE**
CITY-ST-ZIP **PALM BEACH FL**

TITLE **TD** ☐ Delete
NAME **WALKOVER, LENORA**
STREET ADDRESS **312 CAVALIER RD**
CITY-ST-ZIP **PALM SPRINGS FL**

TITLE **SD** ☒ Delete
NAME **CASSIN, JEANETTE**
STREET ADDRESS **21 SADDLE DACK AVE**
CITY-ST-ZIP **TEQUESTA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Change ☐
NAME **Walkover, Lenora**
STREET ADDRESS **312 Cavalier Rd.**
CITY-ST-ZIP **Palm Springs, FL 33461**

TITLE **TD** ☐ Change ☐
NAME **Klett, Stan**
STREET ADDRESS **109 Arrowhead Circle**
CITY-ST-ZIP **Jupiter, FL 33458**

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George L. Jr. Rahaim **1-29-00 5616595**