## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 31, 2002 8:00 am **DOCUMENT # N07062** Secretary of State 1. Entity Name 03-31-2002 90362 011 \*\*\*\*61.25 FRIENDS OF ABUSED CHILDREN, INC. Principal Place of Business Mailing Address 222 LAKEVIEW AVE 222 LAKEVIEW AVE 160-209 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2487590 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent . KUDOLOH (P.O. Box Number is Not Acceptable) RAHAIM, GEORGE L. JR. 927 45TH ST. STE 302 WEST PALM BEACH FL 33407 HOST PMM BERUT, 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. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD Delete TITLE Maurno, Frank L. 12457 Banyan Road NAME RAHAIM, GEORGE L. JR. NAME STREET ADDRESS STREET ADDRESS 927 45TH ST. STE. 302 CITY-ST-ZIP N. Palm Beach, FL 33408 CITY-ST-ZIP WEST PALM BEACH FL 33407 Delete TITLE TITLE Change Pierce John Ti NAME LIST, CYNNIE NAME 2560 RCA BLW., 4107 STREET ADDRESS 218 TANGIER AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Palm Beach Gardens PL 33410 PALM BEACH FL TITLE Delete TITLE Hurd Deborah S. NAME MAURNO, SUZANNE NAME 18349 Jupiter Landings Dr. STREET ADDRESS STREET ADDRESS 12457 BANYAN RD CITY-ST-ZIP CITY-ST-ZIP Jupiker PL 33458 NORTH PALM BEACH FL 33408 TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition NAME MANN, AL NAME STREET ADDRESS STREET ADDRESS 3264 COVE RD CITY-ST-7IP CITY-ST-7IP TEQUESTA FL 33469 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3/2010 = (561) 624-3455

Change

Addition