FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N95000005442 (7)

1. Corporation Name

ASSOCIATION FOR ABUSED WOMEN & CHILDREN, INC.

Principal Place of Business
160 WOODLANDS ROAD
PALM SPRINGS FL 33461

Mailing Address
160 WOODLANDS ROAD
PALM SPRINGS FL 33461

New Business

3. Date Incorporated or Qualified: 11/14/1995
3a. Date of Last Report: none

2. Principal Place of Business
21 316 N. DIXIE Hwy
Suite, Apt. #, etc.
22
City & State
23 LAKe Worth, FL.
Zip 24 33460 Country 25 U.S.A.

2a. Mailing Address
26 316 N. DIXIE Hwy
Suite, Apt. #, etc.
27
City & State
28 LAKe Worth, FL.
Zip 29 33460 Country 30 U.S.A.

4. FEI Number: 65-0626478 ☐ 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**

MILLIGAN, ALPHONSO S ESQ.
600 LAKE AVENUE
LAKE WORTH FL 33460-3811

10. **Name and Address of New Registered Agent**

81 Name: MILLigan, ALPhonso S ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 600 LAKe avenue
83 LAKe Worth, FL
84 City: LAKe Worth, FL FL 85 Zip Code: 33460

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 ______ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D President	☐ DELETE
NAME	FENDER, MERRI TIMA	
STREET ADDRESS	160 WOODLANDS ROAD	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE	D Treasurer	☐ DELETE
NAME	TIMMERMAN, HARRIETTE	
STREET ADDRESS	160 WOODLANDS ROAD	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE	D Secretary	☐ DELETE
NAME	VACANTI, RHODA	
STREET ADDRESS	5831 AMYTHEST COURT	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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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.

SIGNATURE: Merri Fender Merri Fender 1-19-96 407-586-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #