


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

02-21-1999 90062 049 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005442

1. Corporation Name

ASSOCIATION FOR ABUSED WOMEN & CHILDREN, INC.

Principal Place of Business

2549 N DIXIE
LAKE WORTH FL 33460
US

Mailing Address

2549 N DIXIE
LAKE WORTH FL 33460
US

91341 - 90062 - 49



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/14/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0625725
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29	8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	Trust Fund Contribution
		5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

TIMMERMAN, HARRIETTE
160 WOODLANDS RD
PALM SPRINGS FL 33460

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	D
NAME	ASHLEY, NORMA	1.2 NAME	Harriette Timmerman
STREET ADDRESS	908 S LAKE DRIVE	1.3 STREET ADDRESS	160 Woodlands Rd.
CITY-ST-ZIP	LANTANA FL	1.4 CITY-ST-ZIP	Palm Springs, FL, 33461
TITLE	SD	2.1 TITLE	
NAME	HARDAGE, DR NELL	2.2 NAME	
STREET ADDRESS	138 JFK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	HIGBEE, REGINA	3.2 NAME	
STREET ADDRESS	915 NO DIXIE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	
NAME	REHAK, ROGER	4.2 NAME	
STREET ADDRESS	500 NO DIXIE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)