

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005442

1. Entity Name

ASSOCIATION FOR ABUSED WOMEN & CHILDREN, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90211 039 ****61.25

Principal Place of Business

2549 N DIXIE
LAKE WORTH FL 33460
US

Mailing Address

2549 N DIXIE
LAKE WORTH FL 33460-6250
US

2. Principal Place of Business

2549 N. DIXIE

Suite, Apt. #, etc.

3. Mailing Address

2549 N. DIXIE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

65-0625425

Applied For

Not Applicable

Zip

33460

Country

Palm Beach

Zip

33460

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TIMMERMAN, HARRIETTE
160 WOODLANDS RD
PALM SPRINGS FL 33460

7. Name and Address of New Registered Agent

Name

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

same

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	TO	<input type="checkbox"/> Delete
NAME	ASHLEY, NORMA	
STREET ADDRESS	908 S LAKE DRIVE	
CITY-ST-ZIP	LANTANA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARDAGE, DR NELL	
STREET ADDRESS	138 JFK DRIVE	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HIGBEE, REGINA	
STREET ADDRESS	915 NO DIXIE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TIMMERMAN, HARRIETTE	
STREET ADDRESS	160 WOODLANDS RD	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Regina Higbee Pres -
- SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-00 361-586-1888

CR2E037 (9/99)