

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005442

1. Entity Name

ASSOCIATION FOR ABUSED WOMEN & CHILDREN, INC.

FILED

Jan 30, 2001 8:00 am  
Secretary of State

01-30-2001 90198 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~2549 N DIXIE~~  
~~LAKE WORTH FL 33400~~  
US  
7110 So Dixie  
West Palm Beach  
FL - 33405

~~2549 N DIXIE~~  
~~LAKE WORTH FL 33400~~  
US  
7110 So Dixie Hwy.  
West Palm Beach  
FL 33405

2. Principal Place of Business

3. Mailing Address

7110 So. Dixie Hwy.  
Suite, Apt. #, etc.

7110 So. Dixie Hwy.  
Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33405

Country

USA

Zip

33405

Country

USA

4. FEI Number

65-0625725

65-0625425

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIMMERMAN, HARRIETTE  
160 WOODLANDS RD  
PALM SPRINGS FL 33460

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<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	M. Tima Fender	<input type="checkbox"/> Delete
NAME	160 Woodlands Rd	
STREET ADDRESS	Palm Springs, FL	
CITY-ST-ZIP	33461 Executive Dir.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-01 561-586-1888

CR2E037 (10/00)