## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 04, 2004 8:00 am **Secretary of State** DOCUMENT # N95000005442 1. Entity Name 02-04-2004 90066 022 \*\*\*\*61.25 ASSOCIATION FOR ABUSED WOMEN & CHILDREN, INC. Principal Place of Business Mailing Address 7110 S DIXIE HWY 7110 S DIXIE HWY WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0625725 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TIMMERMAN, HARRIETTE Street Address (P.O. Box Number is Not Acceptable) 160 WOODLANDS RD PALM SPRINGS FL 33460 City 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. I am familiar with, and accept the obligations of registered agent. 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition ASHLEY, NORMA NAME NAME 908 S LAKE DRIVE STREET ADDRESS STREET ADDRESS LANTANA FL CITY - ST- 2IP CITY-ST-7IP SD TITLE ☐ Delete TITLE ☐ Change Addition HARDAGE, DR NELL NAME NAME 138 JFK DRIVE STREET ADDRESS STREET ADDRESS ATLANTIS FL CITY-ST-ZIP CITY-ST-ZIP PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition HIGBEE, REGINA NAME NAME -915 NO DIXIE STREET ADDRESS STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP CITY-ST-ZIP .udition TITLE TITLE Fencor m. Tima ... NAME NAME 160 wood Land Ad. Palm Springs, FL. 33461 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE □ Addition NAME NAME Fender, M. TimA STREET ADDRESS STREET ADDRESS 1760 Carambola Rd. CITY-ST-ZIP CITY-ST-ZIP LAKE CLARK Shores, FL - 33406 ☐ 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 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.

ASHLEU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

SIGNATURE: NOCMA

FILED