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Apr 02 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000001177 (2)

1. Corporation Name

SUPPORT, AID & FUNDAMENTAL ESSENTIALS FOR CHILDREN, INC.

Principal Place of Business

Mailing Address

11927 MAIDSTONE DR
WEST PALM BEACH FL 33414

11927 MAIDSTONE DR
WEST PALM BEACH FL 33414

2. Principal Place of Business

2a. Mailing Address

21 13334 Polo Club Rd

2a 13334 Polo Club Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 *241

27 *241

City & State

City & State

23 West Palm Beach, FL

28 West Palm Beach, F

Zip

Zip

24 33414

29 33414

Country

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/04/1996

4. FEI Number

65-0678586

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

ABOUZEID, DIANA
11927 MAIDSTONE DR
WEST PALM BEACH FL 33414

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

TITLE D ☐ DELETE

NAME ABOUZEID, DIANA
STREET ADDRESS 11927 MAIDSTONE DR
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE D ☐ DELETE

NAME ABOUZEID, GEORGE
STREET ADDRESS 11927 MAIDSTONE DR
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE D ☐ DELETE

NAME CHASE-PASKIN, NINA W ESQ.
STREET ADDRESS 2579 WINDSOR WAY COURT
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE D ☐ DELETE

NAME HOSKING, CHERYL
STREET ADDRESS 11209 ISLE BROOK COURT
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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.

SIGNATURE:

[Signature]

1-13-97 361 7936383

CR2E037 (10/97)