

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000009078

**Entity Name:** FACING ADVERSE CHILDHOOD EXPERIENCES FOR CHILDREN, INC.

**Current Principal Place of Business:**

1112 S.E. 3RD AVE.  
FT. LAUDERDALE, FL 33316

**Current Mailing Address:**

1112 S.E. 3RD AVE.  
FT. LAUDERDALE, FL 33316 US

**FEI Number: 82-2858839**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CAHN, DANA  
2765 N.E. 24TH ST.  
LIGHTHOUSE PT., FL 33064 US

*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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P/D  
Name CAHN, DANA  
Address 2765 N.E. 24TH ST.  
City-State-Zip: LIGHTHOUSE PT. FL 33064

Title D  
Name PASTERNAK, JEFFREY D  
Address 998 MARSALA WAY  
City-State-Zip: DELRAY BCH. FL 33446

Title D  
Name MASTRIANNA, LARAIN J  
Address 6873 BRIDLEWOOD CT.  
City-State-Zip: BOCA RATON FL 33433

Title D  
Name LOFFREDO, THOMAS H  
Address 1636 N.E. 19TH ST.  
City-State-Zip: FT. LAUDERDALE FL 33305

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: LARAIN MASTRIANNA

BOARD SECRETARY

04/19/2019

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date