

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N01000008257

1. Entity Name  
(S.A.C.K.) STOP ABUSE OVER CUSTODY OF KIDS, INC.



Principal Place of Business  
220 SOUTHWEST KIMBALL CIRCLE  
PORT SAINT LUCIE, FL 34953

Mailing Address  
220 SOUTHWEST KIMBALL CIRCLE  
PORT SAINT LUCIE, FL 34953

FILED  
Apr 28, 2004 08:00 AM  
Secretary of State



04262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERTRICH, JOHN  
220 SOUTHWEST KIMBALL CIRCLE  
PORT SAINT LUCIE, FL 34953

DO NOT WRITE  
IN THIS SPACE

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 *John Hertrich*

4/22/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U00000136165  
04/28/04-80084-008 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PTD  
HERTRICH, JOHN  
220 SOUTHWEST KIMBALL CIRCLE  
PORT SAINT LUCIE, FL 34953

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
SVD  
HERTRICH, JOY  
220 SOUTHWEST KIMBALL CIRCLE  
PORT SAINT LUCIE, FL 34953

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
EDWARDS, CRAIG  
220 SOUTHWEST KIMBALL CIRCLE  
PORT SAINT LUCIE, FL 34953

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/24/04

Date

772-873-1727

Daytime Phone #