

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002946

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Entity Name:** FLORIDIANS ADVOCATING FOR ABUSED CHILDREN AND ENCOURAGING SOLUTIONS, INC.

**Current Principal Place of Business:**

1732 N. RONALD REAGAN BLVD  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

1732 N. RONALD REAGAN BLVD  
LONGWOOD, FL 32750 US

**New Mailing Address:**

**FEI Number:** 20-4501995

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVY ESKIN, VICKI  
1732 N. RONALD REAGAN BLVD  
LONGWOOD, FL 32750 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PILNICK, BLANCHE  
**Address:** 679 N WILDFLOWER COURT  
**City-St-Zip:** LONGWOOD, FL 32750

**Title:** VP  
**Name:** HERDON, ERNESTINE  
**Address:** 206 FRIESIAN WAY  
**City-St-Zip:** SANFORD, FL 32773

**Title:** S  
**Name:** LEVY ESKIN, VICKI  
**Address:** 1732 N. RONALD REAGAN BLVD  
**City-St-Zip:** LONGWOOD, FL 32750

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:** BLANCHE PILNICK

P

02/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date