

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07062

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** FRIENDS OF ABUSED CHILDREN, INC.

**Current Principal Place of Business:**

222 LAKEVIEW AVE  
160-209  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

222 LAKEVIEW AVE  
160-209  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 59-2487590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRIGGS, LAURIE  
2139 PALM BEACH LAKES BLVD  
WEST PALM BEACH, FL 33409 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: T ( ) Delete  
Name: KLETT, STANLEY SR, ESQ  
Address: 109 ARROWHEAD CIRCLE  
City-St-Zip: JUPITER, FL 33458

Title: P ( ) Delete  
Name: BRIGGS, LAURIE  
Address: 2139 PALM BEACH LAKES BLVD  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VP (X) Delete  
Name: KLETT, JR, STAN  
Address: 3399 PGA BLVD, S-240  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S (X) Delete  
Name: FERRUGIO, CARLA  
Address: 870 GAZETTA WAY  
City-St-Zip: WEST PALM BEACH, FL 33413

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: JURNEY, BILL  
Address: 9061 CYPRESS HOLLOW DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S (X) Change ( ) Addition  
Name: THOMAS, JANICE  
Address: 9294 SE COVE POINT ST  
City-St-Zip: TEQUESTA, FL 33469

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CORY RUBAL

ED

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date