2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# N41195

Entity Name: SEMINOLE COUNTY FRIENDS OF ABUSED CHILDREN, INC.

Current Principal Place of Business:

930 BRITT COURT
#126
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 950881
P.O. BOX 950881
LAKE MARY, FL 327950881 US

New Mailing Address:

FEI Number: 59-3044327 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHORTHOUSE, FAITH J PRES
524-101 VIA VERONA LANE
ALTAMONTE SPRINGS, FL 32714 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: PD
Name: SHORTHOUSE, FAITH PRES
Address: 524-101 VIA VERONA LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD
Name: STIMAC, YVONNE VICEPRE
Address: 232 OAK HURST STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DS
Name: REINER, DESIREE J SECRETA
Address: 1906 FERN CIRCLE
City-St-Zip: ORLANDO, FL 32803

Title: DT
Name: WILLOUGHBY, BRIDGET TREASUR
Address: 852 PARK LAKE COURT
City-St-Zip: ORLANDO, FL 32803 US

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: FAITH J. SHORTHOUSE PRES 01/05/2011

Electronic Signature of Signing Officer or Director Date