

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 11, 2009
Secretary of State

DOCUMENT# N94000003236

Entity Name: AID FOR ABUSED CHILDREN, INC**Current Principal Place of Business:**1083 VINE STREET
#175
HEALDSBURG, CA 95448 US**New Principal Place of Business:****Current Mailing Address:**1083 VINE STREET
#175
HEALDSBURG, CA 95448 US**New Mailing Address:****FEI Number:** 59-3254371 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**WALDRON, PETER E
1468 CAIRN COURT
PALM BEACH, FL 34684 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:** PRES () Delete
Name: SPICCIA, JOSEPH
Address: 910 BISHOPWOOD
City-St-Zip: ALPHARETTA, GA 30022**Title:** V P () Delete
Name: DONER, BRANT
Address: 182 FARMERS LANE #200
City-St-Zip: SANTA ROSA, CA 95405**Title:** DIR (X) Delete
Name: DONER, COLONEL V
Address: 182 FARMERS LANE #200
City-St-Zip: SANTA ROSA, CA 95405**Title:** DIR () Delete
Name: WILSON, MONTE
Address: 8725 ROSWELL ROAD SUITE #0-147
City-St-Zip: ATLANTA, GA 30350**Title:** SEC () Delete
Name: LOPEZ, BETEL
Address: P O BOX 147
City-St-Zip: EL PASO, TX 79942**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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: KEN MCGRATH

ADM

08/11/2009

Electronic Signature of Signing Officer or Director

Date