# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004448 (5)

1. Corporation Name

**TOYS FOR ABUSED CHILDREN, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 12360 NORTH WEST 30TH PLACE<br>SUNRISE FL 33323-1528 | 12360 NORTH WEST 30TH PLACE<br>SUNRISE FL 33323-1528 |

3. Date Incorporated or Qualified: 09/15/1995

3a. Date of Last Report:

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: 65-0618595 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**FLASKERUD, DIANNA G**
**12360 NORTH WEST 30TH PLACE**
**SUNRISE FL 33323-1528**

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and the title if applicable. (NOTE: Registered Agent signature required when mailing)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | Director | ☐ DELETE | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | Dianna G. Flaskerud | | 12 NAME | | |
| STREET ADDRESS | 12360 NW 30 Place | | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | Sunrise, FL 33323 | | 14 CITY-ST-ZIP | | |
| TITLE | MKting Director | ☐ DELETE | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | Laurie M. Somerville | | 22 NAME | | |
| STREET ADDRESS | 12360 NW 30 Place | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | Sunrise FL 33323 | | 24 CITY-ST-ZIP | | |
| TITLE | Area Director | ☐ DELETE | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | Eugene W. Laughlin | | 32 NAME | | |
| STREET ADDRESS | 12360 NW 30 Place | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | Sunrise FL 33323 | | 34 CITY-ST-ZIP | | |
| TITLE | North Region Director | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | Wayne E. Laughlin | | 42 NAME | | |
| STREET ADDRESS | 212 Scarbrough Lane | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | Boynton Bch, FL 33423 | | 44 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | | |
| STREET ADDRESS | | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | 700001760997<br>-03/28/96--01054--008<br>***61.25 | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | | |

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Dianna G. Flaskerud 3/15/96 (954)925 8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dianna G. Flaskerud

3-27-1996