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FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
SUNRISE FL 33323-1528****12360 NORTH WEST 30TH PLACE
SUNRISE FL 33323-1528**

3. Date Incorporated or Qualified

09/15/1995

3a. Date of Last Report

03/27/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	FLASKERUD, DIANNA G	
STREET ADDRESS	12360 NW 30 PLACE	
CITY - ST - ZIP	SUNRISE FL 33323	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	MD	<input type="checkbox"/> DELETE
NAME	SOMERVILLE, LAURIE M	
STREET ADDRESS	12360 NW 30 PLACE	
CITY - ST - ZIP	SUNRISE FL 33323	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	AD	<input type="checkbox"/> DELETE
NAME	LAUGHLIN, EUGENE W	
STREET ADDRESS	12360 NW 30 PLACE	
CITY - ST - ZIP	SUNRISE FL 33323	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Eugene W. Laughlin - Deceased
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	NRD	<input type="checkbox"/> DELETE
NAME	LAUGHLIN, WAYNE E	
STREET ADDRESS	212 SEARBROUGH LANE	
CITY - ST - ZIP	BOYNTON BCH FL 33423	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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
Dianna G. Flaskerud

Date

1/10/97Daytime Phone # **0037104**

CR2E037 (9/96)