


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000001177		
1. Entity Name SUPPORT, AID & FUNDAMENTAL ESSENTIALS FOR CHILDREN, INC.		
Principal Place of Business 1072 N. OCEAN BLVD. PALM BEACH, FL 33480 US	Mailing Address 1072 N. OCEAN BLVD PALM BEACH, FL 33480 US	



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0678586	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ABOUZEID, DIANA
1072 N. OCEAN BLVD.
PALM BEACH, FL 33480

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ABOUZEID, DIANA
STREET ADDRESS	11927 MAIDSTONE DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	D
NAME	ABOUZEID, GEORGE
STREET ADDRESS	11927 MAIDSTONE DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	D
NAME	CHASE-PASKIN, NINA W ESQ.
STREET ADDRESS	2579 WINDSOR WAY COURT
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Diana Abouzeid **DIANA ABOUZEID** 2-1-08 (561) 844-9764