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FILED
Jul 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997.	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004029**
1. Corporation Name
Alternatives for the Betattered & Abused Inc.

Principal Place of Business Mailing Address
2050 S. Dixie Hwy. #12 **SAME**
Melaber, FL 32950

3. Date Incorporated or Qualified **7-29-96** 3a. Date of Last Report **-**

2. Principal Place of Business 2a. Mailing Address
21 **- SAME** 26 **- SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

4. FEI Number ☒ 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

Shirley M. Saxton
2050 S. Dixie Hwy. #12
Melaber, FL 32950

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 **Shirley M. Saxton Pres.**
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	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shirley M. Saxton	1.2 NAME	
STREET ADDRESS	2050 S. Dixie Hwy. #12	1.3 STREET ADDRESS	
CITY-ST-ZIP	Melaber FL 32950	1.4 CITY-ST-ZIP	
TITLE	Dixie N. Saxton <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice-President	2.2 NAME	
STREET ADDRESS	110 Barton Ave.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Rockledge, FL 32955	2.4 CITY-ST-ZIP	
TITLE	Michael S. Papay <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sec. of Treas.	3.2 NAME	
STREET ADDRESS	2050 S. Dixie Hwy. #12	3.3 STREET ADDRESS	
CITY-ST-ZIP	Melaber FL 32950	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: **Shirley M. Saxton Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)