

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003236

**Entity Name:** ABUSED CHILDREN'S FUND, INC.**Current Principal Place of Business:**1535 FARMERS LANE, # 200  
SANTA ROSA, CA 95405**Current Mailing Address:**1535 FARMERS LANE, # 200  
SANTA ROSA, CA 95405 US**FEI Number:** 59-3254371**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WALDRON, PETER E  
1468 CAIRN COURT  
PALM BEACH, FL 34684 US*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**Officer/Director Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | DIRECTOR               |
| Name            | DONER, BRANT           |
| Address         | 1535 FARMERS LANE #200 |
| City-State-Zip: | SANTA ROSA CA 95405    |

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | SPICCIA, JOE         |
| Address         | 910 BISHOPWOOD PLACE |
| City-State-Zip: | ALPHARETTA GA 30022  |

|                 |                  |
|-----------------|------------------|
| Title           | DIRECTOR         |
| Name            | LOPEZ, BETEL     |
| Address         | P O BOX 147      |
| City-State-Zip: | EL PASO TX 79942 |

|                 |                          |
|-----------------|--------------------------|
| Title           | PRESIDENT                |
| Name            | KELLEY, CAMPBELL R       |
| Address         | 1535 FARMERS LANE, # 200 |
| City-State-Zip: | SANTA ROSA CA 95405      |

|                 |                          |
|-----------------|--------------------------|
| Title           | SECRETARY, TREASURER     |
| Name            | LAXTON, JACQUES          |
| Address         | 1535 FARMERS LANE, # 200 |
| City-State-Zip: | SANTA ROSA CA 95405      |

*I hereby 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 all other like empowered.*

**SIGNATURE:** BRANT DONER**DIRECTOR****02/09/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date