FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 PM 9:38

DOCUMENT # N36236 (0)

1. Corporation Name
KIDS IN DISTRESS AUXILIARY, INC.

Principal Place of Business	Mailing Address
819 NE 26 STREET 2ND FLOOR WILTON MANORS FL 33334	819 NE 26 STREET 2ND FLOOR WILTON MANORS FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0175802 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 819 NE 26 STREET AUX	26 819 NE 26 STREET
Suite, Apt. #, etc. 22 2ND FLOOR	Suite, Apt. #, etc. 27 2ND FLOOR
City & State 23 WILTON MANORS, FL.	City & State 28 WILTON MANORS, FL
Zip / Country 24 33305 / 25 USA	Zip / Country 29 33305 / 30 USA

9. Name and Address of Current Registered Agent

RHODES, KARIN
2124 CORAL SHORES DRIVE
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

31 Name: MARION DRISCOLL
32 Street Address (P.O. Box Number is Not Acceptable): 1157 SW 4 AVENUE
33
34 City: POMPANO BEACH, FL **FL** 35 Zip Code: 33060

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: MARION DRISCOLL, PRESIDENT Marion Driscoll 4-26-95
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	PD	1.1 TITLE	☒ Change ☐ Addition PD
NAME	RHODES, KARIN	1.2 NAME	MARION DRISCOLL
STREET ADDRESS	2124 CORAL SHORES DRIVE	1.3 STREET ADDRESS	33060
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	1157 SW 4 AVENUE, POMPANO BEACH, FL
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition VD
NAME	LONG, CHERYL	2.2 NAME	NICOLE MARKER
STREET ADDRESS	1171 BAYVIEW DRIVE	2.3 STREET ADDRESS	1515 EAST BROWARD BLVD. APT.204
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	SVD	3.1 TITLE	☐ Change ☐ Addition
NAME	DRISCOLL, MARION	3.2 NAME	
STREET ADDRESS	1157 SW 4TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	LANGSETT, KATHLEEN	4.2 NAME	
STREET ADDRESS	2724 NE 35TH DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☒ Change ☐ Addition SD
NAME	DEWSNAP, ANITA	5.2 NAME	SUSAN JANARO
STREET ADDRESS	7411 WEST UPPER RIDGE DR	5.3 STREET ADDRESS	2821 NE 55 STREET
CITY-ST-ZIP	PARKLAND FL	5.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition TD
NAME	DOLCHIN, DEBORAH	6.2 NAME	MERRILL THOMAS
STREET ADDRESS	5560 NE 31ST AVE	6.3 STREET ADDRESS	410 ISLE OF PALMS DRIVE
CITY-ST-ZIP	FORT LAUDERDALE FL	6.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33301

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: MARION DRISCOLL, PRESIDENT Marion Driscoll 4-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0047388