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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N36236** **(0)**

1. Corporation Name

KIDS IN DISTRESS AUXILIARY, INC.

Principal Place of Business	Mailing Address
819 NE 26TH ST 2ND FLOOR WILTON MANORS FL 33305 US	819 NE 26 STREET 2ND FLOOR WILTON MANORS FL 33334-2523

3. Date Incorporated or Qualified: 01/18/1990
3a. Date of Last Report: 07/16/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LONG, CHERYL
1711 BAYVIEW DRIVE
FORT LAUDERDALE FL 33305

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LONG, CHERYL		1.2 NAME	
STREET ADDRESS	1711 BAYVIEW DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SAXON, KANDY		2.2 NAME	
STREET ADDRESS	2741 NORTHEAST 37TH DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MARKER, NICOLE		3.2 NAME	
STREET ADDRESS	3157 NW 67 COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD FL		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ENGLE, BILLIE S		4.2 NAME	
STREET ADDRESS	77 SOUTH BIRCH ROAD #1		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD FL		4.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ROESHOURI, WENDY		5.2 NAME	
STREET ADDRESS	729 ISLE OF PALMS DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUD FL		5.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, MERRILL		6.2 NAME	
STREET ADDRESS	2404 NE 9 ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: Cheryl Long 1/16/97 954-563-2538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0037678