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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 01/18/1990

4. FEI Number: 65-0175802 ☐ Applied For ☐ Not Applicable

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)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 Cheryl Long
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	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	LONG, CHERYL		1.2 NAME	SAME	
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	VD	☑ Change ☐ Addition
NAME	SAXON, KANDY		2.2 NAME	JAMIE MAYERSOHN	
STREET ADDRESS	2741 NORTHEAST 37TH DRIVE		2.3 STREET ADDRESS	1814 CAMELLIA LANE	
CITY-ST-ZIP	FORT LAUDERDALE FL		2.4 CITY-ST-ZIP	FT. LAUD, FL 33326	
TITLE	VD	☑ DELETE	3.1 TITLE	TREAS.	☑ Change ☐ Addition
NAME	MARKER, NICOLE		3.2 NAME	MARION DRISCOLL	
STREET ADDRESS	3157 NW 67 COURT		3.3 STREET ADDRESS	1151 SW 4 AVE.	
CITY-ST-ZIP	FT LAUD FL		3.4 CITY-ST-ZIP	POMPANO BCH. FL 33060	
TITLE	SD	☐ DELETE	4.1 TITLE	SEC.	☑ Change ☐ Addition
NAME	ENGLE, BILLIE S		4.2 NAME	BARBARA WITTE	
STREET ADDRESS	77 SOUTH BIRCH ROAD #1		4.3 STREET ADDRESS	1706 EAGLE TRACE BLVD W.	
CITY-ST-ZIP	FT LAUD FL		4.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071	
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 (10/97)

14. I 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 REQUIRED CHERYL LONG 3-09-98
SIGNATURE AND TITLE OF CHAIRMAN, VICE CHAIRMAN, OFFICER OR DIRECTOR Date Daytime Phone #