

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36236

1. Entity Name

KIDS IN DISTRESS AUXILIARY, INC.

Principal Place of Business

819 NE 26TH ST
2ND FLOOR
WILTON MANORS FL 33305
US

Mailing Address

819 NE 26 STREET
2ND FLOOR
WILTON MANORS FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0175802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRISCOLL, MARION
581 SE 11 ST
POMPANO BEACH FL 33060

MICHELLE NOLES
4299 Diamond Terrace
Weston, FL 33331

Name Michelle Noles

Street Address (P.O. Box Number is Not Acceptable)

4299 Diamond Terrace

City Weston

FL

Zip Code 33331

8. 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

Michelle Noles
Signature, typed or printed name of registered agent and title if applicable.

TREASURER

4-29-01

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME GARAVAGLIA, SUSAN
STREET ADDRESS 1129 CREEKFORD DRE
CITY-ST-ZIP WESTON FL 33060 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME SHRIVER, ROXANNE
STREET ADDRESS 8 GATEHOUSE LAKE DR
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME NOLES, MICHELLE
STREET ADDRESS 4299 DIAMOND TERACE
CITY-ST-ZIP WESTON FL 33331 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME SCOTT, DOREEN
STREET ADDRESS 43 CAYUGA RD
CITY-ST-ZIP SEA RANCH LAKES FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan P. Garavaglia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

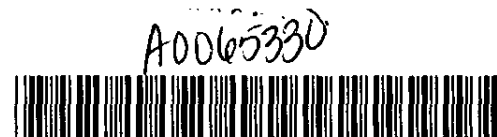
4/4/01

Date

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90212 013 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)