

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90005 042 ****61.25

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 33305		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0175802	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GOLDSTEIN, KAREN 2712 OAKMONT COURT WESTON, FL 33332				7. Name and Address of New Registered Agent Name Kaye LeGrow Street Address (P.O. Box Number is Not Acceptable) 3005 Sorrel Ct 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Kaye LeGrow</u> 8-9-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARK, BETH 2950 SURREY LANE WESTON, FL 33331	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Belinda Berg 2682 Riviera Ct. Weston, FL 33332	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOLES, MICHELLE 4299 DIAMOND TERRACE WESTON, FL 33331	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lynn Michaeliadas 2465 Province Circle Weston, FL 33327	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SERUGA, TERRY 849 GARNET CIRCLE WESTON, FL 33326	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V President Michelle Noles 4299 Diamond Terr. Weston, FL 33331	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MICHAELIADAS, LYNN 2465 PROVINCE CIRCLE WESTON, FL 33327	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President Don James 770 Lavender Cr. Weston, FL 33327	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOLDSTEIN, KAREN 2712 OAKMONT COURT WESTON, FL 33332	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Kaye LeGrow 3005 Sorrel Ct Weston, FL 33331	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Linda Petersen 2870 Hunter Rd. Weston, FL 33331	☒ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Kaye LeGrow</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			8-9-06 Date		
Daytime Phone #					