

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
LEGROW, KAYE 3005 SORREL CT. WESTON, FL 33331	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 Karaleen A. Legrow DATE 7/6/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P ☒ Delete
NAME	BURG, BELINDA
STREET ADDRESS	2682 RIVIERA CT
CITY-ST-ZIP	WESTON, FL 33332
TITLE	VP ☒ Delete
NAME	NOLES, MICHELLE
STREET ADDRESS	4299 DIAMOND TERRACE
CITY-ST-ZIP	WESTON, FL 33331
TITLE	P ☒ Delete
NAME	MICHAELIADAS, LYNN
STREET ADDRESS	2465 PROVINCE CIR
CITY-ST-ZIP	WESTON, FL 33327
TITLE	T ☐ Delete
NAME	LEGROW, KAYE
STREET ADDRESS	3005 SORREL CT
CITY-ST-ZIP	WESTON, FL 33331
TITLE	S ☐ Delete
NAME	PETERSON, LINDA
STREET ADDRESS	2870 HUNTER RD
CITY-ST-ZIP	WESTON, FL 33331
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Change ☒ Addition
NAME	Riester, Mary Blake
STREET ADDRESS	838 Falling Water Road
CITY-ST-ZIP	Weston, FL 33326
TITLE	VP ☐ Change ☒ Addition
NAME	Kelley, Liz
STREET ADDRESS	2537 Poinciana Drive
CITY-ST-ZIP	Weston, FL 33327
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700107467107
08/07/07--01058--013 **61.25

B 7/27/07

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.

check # 1518 - \$61.25 Enclosed
 Signature L. Peterson

FILED
 07 JUL 26 PM 3:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



07062007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0175802	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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