2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2009
Secretary of State

DOCUMENT# N36236

Entity Name: KIDS IN DISTRESS AUXILIARY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

819 NE 26 STREET
2ND FLOOR
WILTON MANORS, FL 33305

New Mailing Address:

FEI Number: 65-0175802 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEGROW, KAYE
3005 SORREL CT.
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	RAY, SUE	
Address:	1654 VICTORIA POINT CR	
City-St-Zip:	WESTON, FL 33327	
Title:	V	( ) Delete
Name:	BALLOTA, MARY ELLEN	
Address:	3102 LAKEWOOD CR	
City-St-Zip:	WESTON, FL 33332	
Title:	V	( ) Delete
Name:	DOWD, JULIE	
Address:	638 SPINNAKER	
City-St-Zip:	WESTON, FL 33326	
Title:	T	( ) Delete
Name:	LEGROW, KAYE	
Address:	3005 SORREL CT	
City-St-Zip:	WESTON, FL 33331	
Title:	S	( ) Delete
Name:	SCARPA, LIBBY	
Address:	689 VERONA CR	
City-St-Zip:	WESTON, FL 33326	
Title:	T	( ) Delete
Name:	LOPEZ, DEBBIE	
Address:	2774 MEADOWOOD DR	
City-St-Zip:	WESTON, FL 33332	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH LOPEZ MRS. 01/24/2009

Electronic Signature of Signing Officer or Director — Date