

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90092 044 *****70.00

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



☒ CHECK HERE IF MAKING CHANGES

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

**NOLES, MICHAEL
4299 DIAMOND TERRACE
WESTON FL 33331**

Name

Michelle

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 *Michelle Shoter*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/03

FILE NOW: FEE 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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **GARAVAGLIA, SUSAN**
STREET ADDRESS **1129 CRREKFORD DRE**
CITY-ST-ZIP **WESTON FL 33060**

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

TITLE **VD** ☐ Delete
NAME **HYNES, LEONOR**
STREET ADDRESS **1507 LANTANA CT.**
CITY-ST-ZIP **WESTON FL 33326**

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

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

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

TITLE **S** ☒ Delete
NAME **KELLEY, MAUREEN**
STREET ADDRESS **17 GATEHOUSE RD**
CITY-ST-ZIP **SEA RANCH LAKES FL 33308**

TITLE **VD** ☒ Change ☒ Addition
NAME **~~Reginald F. Smith~~ Terry Scruggs**
STREET ADDRESS **849 Garnet Circle**
CITY-ST-ZIP **Weston, FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Michelle Shoter*

4/17/03

954-389-0544

CR2E037 (10/02)