

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000003611

**Entity Name:** FAMILY IN DISTRESS, INC.

**Current Principal Place of Business:**

620 N.W. 89 AVENUE  
BUILDING 9  
PLANTATION, FL 33324

**Current Mailing Address:**

620 N.W. 89 AVENUE  
BUILDING 9  
PLANTATION, FL 33324 US

**FEI Number:** 90-0725205

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WHITE, CHERYL A  
620 NW 89 AVENUE  
BUILDING 9  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name WHITE, CHERYL A  
Address 620 N.W. 89 AVENUE  
BUILDING 9  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name BUSSE, PATRICIA  
Address 620 N.W. 89 AVENUE  
BUILDING 9  
City-State-Zip: PLANTATION FL 33324

Title S/D  
Name COOMBS, NICHOLE  
Address 620 N.W. 89 AVENUE  
BUILDING 9  
City-State-Zip: PLANTATION FL 33324

Title T/D  
Name COOMBS, COURTNEY  
Address 620 N.W. 89 AVENUE  
BUILDING 9  
City-State-Zip: PLANTATION FL 33324

*I hereby 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 all other like empowered.*

**SIGNATURE:** CHERYL WHITE

**EXECUTIVE DIRECTOR**

**01/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date