

# FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 747582 (5)**

1. Corporation Name

**KIDS IN DISTRESS, INC.**

Principal Place of Business

**819 N. E. 26 STREET  
WILTON MANORS FL 33305**

Mailing Address

**819 N. E. 26 STREET  
WILTON MANORS FL 33305**



3. Date Incorporated or Qualified  
**06/12/1979**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number  
**59-1927289**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILEY, JEANNE.  
819 N. E. 26 STREET  
WILTON MANORS, 33305**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD RHODES, LLOYD**  
STREET ADDRESS **1219 E. LAS OLAS BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME **VD MASON, DEBBIE**  
STREET ADDRESS **100 N.W. 12TH AVE.**  
CITY-ST-ZIP **DEERFIELD BCH. FL**

TITLE ☒ DELETE

NAME **TD TINTER, ALAN**  
STREET ADDRESS **3303 W. COMMERCIAL BLVD., #201**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME **SD SOLDANI, MARIA**  
STREET ADDRESS **4725 N. FEDERAL HIGHWAY**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME **D MILEY, JEANNE.**  
STREET ADDRESS **819 NE 26 STREET**  
CITY-ST-ZIP **WILTON MANORS FL**

TITLE ☒ DELETE

NAME **VD WEINBERG, MICHAEL**  
STREET ADDRESS **2430 W. OAKLAND PARK BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TD ☒ Change ☐ Addition

**Michael Weinberg  
2430W. Oakland Park Blvd  
Ft. Lauderdale, FL 33311**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VD ☐ Change ☒ Addition

**Kathryn Jundt  
1642 S.E. 10St.  
Ft. Lauderdale, FL 33316**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone

CR2E037 (12/95)