

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90010 049 ****70.00

DOCUMENT # 747582 1. Entity 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1927289	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent TOMCZYK, THOMAS J 819 NE 26TH STREET WILTON MANORS, FL 33305					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	Delete	TITLE	NAME	Delete
	TD LEVIN, MIKE	<input checked="" type="checkbox"/>		TD LOU FEAGLES	<input type="checkbox"/>
STREET ADDRESS	5100 TOWN CTR. CIRCLE		STREET ADDRESS	500 JIM MORAN BLVD	<input checked="" type="checkbox"/>
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
	VD BUTLER, GALE	<input checked="" type="checkbox"/>		CD LESLIE JONES	<input type="checkbox"/>
STREET ADDRESS	110 SE 6TH ST		STREET ADDRESS	2840 NE 26 ST.	<input checked="" type="checkbox"/>
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	
	SD HIRSCHBERG, EDWARD	<input checked="" type="checkbox"/>		SD JOHN MCKEON	<input type="checkbox"/>
STREET ADDRESS	3101 N FEDERAL HWY, STE. 700		STREET ADDRESS	300 E. LAS OLAS BLVD	<input checked="" type="checkbox"/>
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306		CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
	CEOP TOMCZYK, THOMAS	<input type="checkbox"/>			<input type="checkbox"/>
STREET ADDRESS	819 NE 26TH STREET		STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS, FL		CITY-ST-ZIP		
	VD SHEEFIELD, LEE	<input checked="" type="checkbox"/>		D EDWARD HIRSHBERG	<input type="checkbox"/>
STREET ADDRESS	ONE NORTH UNIVERSITY DRIVE		STREET ADDRESS	3101 N. FEDERAL HWY, STE 700	<input checked="" type="checkbox"/>
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	FT. LAUDERDALE, FL 33306	
		<input type="checkbox"/>			<input type="checkbox"/>
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Thomas Tomczyk 3/11/04 954 3907654 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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