

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747582

FILED
Jan 19, 2005
Secretary of State

Entity Name: KIDS IN DISTRESS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1927289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOMCZYK, THOMAS J
819 NE 26TH STREET
WILTON MANORS, FL 33305 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: TD () Delete
Name: FEAGLES, LOU
Address: 500 JIM MORGAN BLVD
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: CD () Delete
Name: JONES, LESLIE
Address: 2840 NELL ST.
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: SD () Delete
Name: MCKEON, JOHN
Address: 200 E. LAS GLAS BLVD
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: CEOP () Delete
Name: TOMCZYK, THOMAS
Address: 819 NE 26TH STREET
City-St-Zip: WILTON MANORS, FL

Title: D () Delete
Name: HIRSHBERG, EDWARD
Address: 3101 N. FEDERAL HWY STE 700
City-St-Zip: FORT LAUDERDALE, FL 33306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CD (X) Change () Addition
Name: JONES, LESLIE
Address: 2840 NE 26 ST.
City-St-Zip: FORT LAUDERDALE, FL 33305

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

Title: CEOP (X) Change () Addition
Name: TOMCZYK, THOMAS
Address: 819 NE 26TH STREET
City-St-Zip: WILTON MANORS, FL 33305

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LESLIE JONES

CD

01/19/2005

Electronic Signature of Signing Officer or Director

Date