

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State

07-06-2001 90208 047 ****61.25

DOCUMENT # N000 0000 1156

1. Entity Name

Children in Distress, Inc.

Principal Place of Business
 425 E. Vine Street
 Kissimmee, FL 34744

Mailing Address
 425 E. Vine Street
 Kissimmee, FL 34744

A0076054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3643812

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Buchanan Ingersoll Professional Corporation
 401 E. Jackson Street, Suite 2500
 Tampa, FL 33602

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME Director
 STREET ADDRESS Rev. Dr. John Walmsley
 CITY-ST-ZIP Unit 2, Thirsk Ind. Pk., York Rd.
 Thirsk, N. Yorkshire, England
 Y07 3BX ☐ Delete

TITLE
 NAME Director/President
 STREET ADDRESS Rev. Dr. John Walmsley
 CITY-ST-ZIP 425 E. Vine Street
 Kissimmee, FL 34744 ☒ Change ☐ Addition

TITLE
 NAME Director
 STREET ADDRESS Patricia Walmsley
 CITY-ST-ZIP Unit 2, Thirsk Ind. Pk., York Rd.
 Thirsk, N. Yorkshire, England
 Y07 3BX ☐ Delete

TITLE
 NAME Director/V. President
 STREET ADDRESS John Boyle
 CITY-ST-ZIP Unit 2, Thirsk Ind. Pk., York Rd., Thirsk
 N. Yorkshire, England Y07 3BX ☒ Change ☐ Addition

TITLE
 NAME Director
 STREET ADDRESS John Boyle
 CITY-ST-ZIP Unit 2, Thirsk Ind. Pk., York Rd.
 Thirsk, N. Yorkshire, England
 Y07 3BX ☐ Delete

TITLE
 NAME Secretary/Treasurer
 STREET ADDRESS Lisa Bryant
 CITY-ST-ZIP 425 E. Vine Street
 Kissimmee, FL 34744 ☐ Change ☒ Addition

TITLE
 NAME Director
 STREET ADDRESS Katrina Thomas
 CITY-ST-ZIP 10 St. Hilda's Terrace
 Whitby, N. Yorkshire, England ☐ Delete

TITLE
 NAME Director
 STREET ADDRESS Adina Ghinea
 CITY-ST-ZIP 1711 Manzana Way
 San Diego, CA 92319 ☐ Change ☒ Addition

TITLE
 NAME Director
 STREET ADDRESS Nicolae Ghinea
 CITY-ST-ZIP 1711 Manzana Way
 San Diego, CA 92319 ☐ Delete

TITLE
 NAME Director
 STREET ADDRESS Diana Cox
 CITY-ST-ZIP 1713 Manzana Way
 San Diego, CA 92319 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (11/00)