FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91293 044 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007853

1. Entity Name
WOMEN IN DISTRESS, INC.

11023707

CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
801 N. CONGRESS AVENUE SUITE 891 C/O CYPRESS PARALEGAL BOYNTON BEACH, FL 33426	7547 EDISTO DR. LAKE WORTH, FL 33467

2. Principal Place of Business	3. Mailing Address
224 DATURA STREET	224 DATURA STREET
Suite, Apt. #, etc. SUITE 410	Suite, Apt. #, etc. SUITE 410
City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip: 33401 Country: USA	Zip: 33401 Country: USA

4. FEI Number: 74-3020692 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAVAGE, GINA
7547 EDISTO DR.
LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent

Name: GINA SAVAGE
Street Address (P.O. Box Number Is Not Acceptable): 224 DATURA STREET
SUITE 410
City: WEST PALM BEACH FL Zip Code: 33401

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: _____ DATE: 4/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAVAGE, GINA 7547 EDISTO DR. LAKE WORTH, FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAVAGE, MICHALELJOHN 7547 EDISTO DR. LAKE WORTH, FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VERNON, HELENE 7547 EDISTO DR. LAKE WORTH, FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HELENE VERNON 4110 NW 58 ST. COCONUT CREEK, FL 33073	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: _____ 4-23-03 561-704-0000
Signature and Type or Printed Name of Reporting Officer or Director — Date — Daytime Phone #