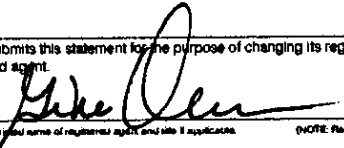
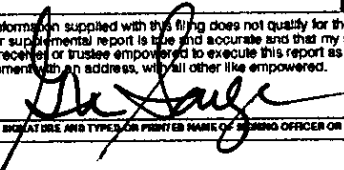


FILED
Apr 28, 2003 8:00 am
Secretary of State

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.																										
Principal Place of Business 801 N. CONGRESS AVENUE SUITE 891 C/O CYPRESS PARALEGAL BOYNTON BEACH, FL 33426		Mailing Address 7547 EDISTO DR. LAKE WORTH, FL 33467																								
2. Principal Place of Business 224 DATURA STREET Suite, Apt. #, etc. SUITE 410 City & State WEST PALM BEACH, FL Zip 33401		3. Mailing Address 224 DATURA STREET Suite, Apt. #, etc. SUITE 410 City & State WEST PALM BEACH, FL 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 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																								
7. Name and Address of Current Registered Agent SAVAGE, GINA 7547 EDISTO DR. LAKE WORTH, FL 33467		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 appointing))																								
FILE NOW - FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																								
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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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																								

11023707



☒ CHECK HERE IF MAKING CHANGES

CR2037 (10/02)