


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2008 8:00 am
Secretary of State

06-24-2008 90001 009 ****61.25

DOCUMENT # N36236 1. Entity Name KIDS IN DISTRESS AUXILIARY, INC.					
Principal Place of Business 819 NE 26TH ST 2ND FLOOR WILTON MANORS, FL 33305 US				Mailing Address 819 NE 26 STREET 2ND FLOOR WILTON MANORS, FL 33305	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0175802	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEGROW, KAYE 3005 SORREL CT. WESTON, FL 33331				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: <i>Harold H. LeGrow - Treasurer</i> 5-31-08 <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 September 12, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIESTER, MARY B 838 FALLING WATER ROAD WESTON, FL 33326	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sue Ray 1654 Victoria Point Cr. Weston, FL 33327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLEY, LIZ 2537 POINCIANA DRIVE WESTON, FL 33327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	v. President Mary Ellen Ballota 3102 Lakewood Cr. Weston, FL 33332	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETERSON, LINDA 2870 HUNTER RD WESTON, FL 33331	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	v. President Julie Dowd 638 Spinnaker Weston, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEGROW, KAYE 3005 SORREL CT WESTON, FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETERSON, LINDA 2870 HUNTER RD WESTON, FL 33331	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Libby Scarpa 689 Verona Cr. Weston, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas Debbie Lopez 2774 Meadowood Dr. Weston, FL 33332	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Harold H. LeGrow - Treasurer</i> 5-31-08 954-695-6352 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40109032



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS[Home](#) [Contact Us](#) [E-Filing Services](#) [Document Searches](#) [Forms](#) [Help](#)**Annual Report Online Filing**

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

Document Number N36236
Business Entity Name KIDS IN DISTRESS AUXILIARY, INC.
FEI Number 650175802
FEI Number Status
Certificate of Status Desired No
Election Campaign Financing Trust Fund Contribution No

* Please note Change
of officers

Principal Place of Business

Address 819 NE 26TH ST
Suite, Apt. #, etc. 2ND FLOOR
City, State WILTON MANORS, FL
Zip Code & Country 33305 US

Mailing Address

Address 819 NE 26 STREET
Suite, Apt. #, etc. 2ND FLOOR
City, State WILTON MANORS, FL
Zip Code & Country 33305

Name And Address of Registered Agent

Name (Last, First, Middle, Title) LEGROW, KAYE
Address 3005 SORREL CT.
City, State WESTON, FL
Zip Code & Country 33331 US

Officer/Director Name And Address**Name And Address #1**

ATTACHMENT

5/11/08 6:09 PM

Title P
Name (Last, First, Middle, Title) RAY, SUE
Street Address 1654 VICTORIA POINTE CR.
City, State WESTON, FL
Zip Code & Country 33326

Name And Address #2

Title VP
Name (Last, First, Middle, Title) DOWD, JULLIE
Street Address 638 SPINNAKER
City, State WESTON, FL
Zip Code & Country 33326

Name And Address #3

Title S
Name (Last, First, Middle, Title) SCARPA, LIBBY
Street Address 689 VERONA CT.
City, State WESTON, FL
Zip Code & Country 33326

Name And Address #4

Title T
Name (Last, First, Middle, Title) LEGROW, KAYE
Street Address 3005 SORREL CT
City, State WESTON, FL
Zip Code & Country 33331

Name And Address #5

Title VP
Name (Last, First, Middle, Title) BALLOTTA, MARY ELLEN
Street Address 3102 LAKEWOOD CIRCLE
City, State WESTON, FL
Zip Code & Country 33332

Title T
Officer/Director Signature KAYE LEGROW

[Continue](#)

DECLARATION OF INTEREST IN OFFICE
STATE OF FLORIDA
OFFICE OF THE CLERK OF THE SUPREME COURT
OFFICE OF THE CLERK OF THE SUPREME COURT
OFFICE OF THE CLERK OF THE SUPREME COURT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



Home

Contact Us

E-Filing Services

Document Searches

Forms

Help

Annual Report Online Filing

Document Tracking # - 300128999413

Document Number # - N36236

The charge amount for your filing is \$61.25

Annual Reports are processed and posted within 24 to 48 hours of filing. Only corporations requesting a certificate of status will receive correspondence via the US Postal Service. We do not provide an e-mail acknowledgement.

In order to complete this transaction you must select one of the payment options listed below.

If you press the 'Credit Card Payment' button from this screen, you will be sent to the payment screen to be charged for this filing.

[Credit Card Payment](#)

Please select the option below only if you have an established [Sunbiz E-File Account](#) and wish to file your annual report using your account. If you enter an account number and password and press the 'Sunbiz E-file Account Payment' button from this screen, your account will be charged.

Sunbiz E-file account number

Password

E-mail Address

[Sunbiz E-file Account Payment](#)