FILE NOW: FILING FEE IS \$61.25 NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **FILED** ANNUAL REPORT Secretary of State May 01 1996 8:00 am A PIVISION OF CORPORATIONS 1996≶ Secretary of State **DOCUMENT #**1. Corporation Name N95000000107 (1) FAMILIES IN DISTRESS, INC. Principal Place of Business Mailing Address 931 LYONS ROAD. #4103 931 LYONS ROAD. #4103 COCONUT CREEK FL 33063 COCONUT CREEK FL 33063 3. Date Incorporated or Qualified 3a. Date of Last Report 1/6/95 01/06/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 1611 N. STATE RD 7 65-0546067 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Margate 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 25 IUS-A 24 33063 29 30 Florida Statutes ☐ Yes ☑ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SEVERTS, PATRICIA L Street Address (P.O. Box Number is Not Acceptable) 931 LYONS ROAD, #4103 83 COCONUT CREEK FL 33063 84 City Zip Code **B**5 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition TITLE DELETE 1.1 TITLE Change Stuhr VIrgina NAME SEVERTS, PATRICIA L 1.2 NAME 8100 S.W 8+1 ct STREET ADDRESS 931 LYONS ROAD, #4103 1.3 STREET ADDRESS たし no.Laud 33068 **COCONUT CREEK FL 33063** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Addition 2.1 TITLE Janet Ward SEVERTS. RICHARD NAME 3920 NE 23 Terrace 2.2 NAME STREET ADDRESS 931 LYONS ROAD, #4103 2.3 STREET ADDRESS Lighthouse Pt FL 33064 COCONUT CREEK FL 33063 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Addition Shelton Rebecca NAME SHELTON, REBECCA 3.2 NAME 4th Place 931-LYONS ROAD, #4103 6130 SW 6130 SW 4+x Place STREET ADDRESS 3.3 STREET ADDRESS COCONUT CREEK FL 33063 Margale FL 33068 FC CITY-ST-ZIP 3.4. CITY-ST-ZIP margate DELETE TITLE Addition 4.1 TITLE ☐ Change MARTIN, GUY NAME 4. 2 NAME 890 S. OCEAN WAY STREET ADDRESS 4.3 STREET ADDRESS **DEERFIELD FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Virgina Stuhr 51 TITLE Change ■ Addition NAME 5.2 NAME 8100 SW 8+1-C1 STREET ADDRESS 5.3 STREET ADDRESS no tauderdale CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 3 if changed, or on an attachment with an address.

(12/95)