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Apr 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000107 (1)

1. Corporation Name

FAMILIES IN DISTRESS, INC.



Principal Place of Business

Mailing Address

1611 N. STATE ROAD 7
MARGATE FL 33063
US

931 LYONS ROAD, #4103
COCONUT CREEK FL 33063-6721

3. Date Incorporated or Qualified
01/06/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0546067

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEVERTS, PATRICIA L
931 LYONS ROAD, #4103
COCONUT CREEK FL 33063

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PB T
SEVERTS, PATRICIA L
931 LYONS ROAD, #4103
COCONUT CREEK FL 33063

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D, ✓
SEVERTS, RICHARD
931 LYONS ROAD, #4103
COCONUT CREEK FL 33063

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHELTON, REBECCA
6130 S.W. 4TH PLACE
MARGATE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D, ✓
MARTIN, GUY
890 S. OCEAN WAY
DEERFIELD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D, S
STUHR, VIRGINIA
8100 S.W. 8TH CT.
N. LAUDERDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WARD, JANET
3920 N.E. 23RD TERRACE
LIGHTHOUSE PT FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D
Tony Garcia
1217 Coral Springs Drive
Coral Spring FL 33067

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Patricia L. Severts, President

4/13/97

(954) 984-9904

CR2E037 (9/96)