

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT #
1. Corporation Name **N 95000000107 (i)**
FAMILIES IN DISTRESS, INC.

Principal Place of Business Mailing Address
1611 N State Rd 7 1611 N State Rd 7
Margate, Fl 33063 Margate, Fl 33063
USA

3. Date Incorporated or Qualified
01/06/95

4. EEL Number **65-0546067** Applied For
Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 1611 N State Rd 7
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 City & State
24 Country	29 Margate, Fl
25	30 Zip
	31 33063
	32 Country
	33 USA

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

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SEVERTS, PATRICIA L
1611 N State Rd 7
Margate, Fl 33063

10. Name and Address of New Registered Agent
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P, T
NAME	Severts, Patricia L
STREET ADDRESS	3785 Turtle Run Blvd #1513
CITY-ST-ZIP	Coral Springs, Fl 33067
TITLE	D
NAME	Severts, Richard
STREET ADDRESS	3785 Turtle Run Blvd #1513
CITY-ST-ZIP	Coral Springs, Fl 33067
TITLE	D
NAME	Shelton, Rebecca
STREET ADDRESS	6130 SW 4th Place
CITY-ST-ZIP	Margate, Fl 33068
TITLE	D, v
NAME	Martin, Guy
STREET ADDRESS	890 S Ocean Blvd
CITY-ST-ZIP	Deerfield, Fl 33
TITLE	D, s
NAME	Stuhr, Virginia
STREET ADDRESS	8100 SW 8th Ct
CITY-ST-ZIP	No Lauderdale, Fl 33068
TITLE	D
NAME	Ward, Janet
STREET ADDRESS	3920 NE 23rd Terrace
CITY-ST-ZIP	Lighthouse, Pt, Fl

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D
1.2 NAME	Tony Sarcia
1.3 STREET ADDRESS	1217 Coral Springs Dr
1.4 CITY-ST-ZIP	Coral Springs, Fl 33067
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia L Severts

4/17/98 **954-984-9904**
Date Daytime Phone #

CR2E037 (10/97)