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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000107

1. Corporation Name

FAMILIES IN DISTRESS, INC.

Principal Place of Business

1611 N. STATE ROAD 7
MARGATE FL 33063
US

Mailing Address

1611 N. STATE ROAD 7
MARGATE FL 33063
US



2. Principal Place of Business

21 1609 N. STATE RD 7

Suite, Apt. #, etc.

22

City & State
23 Margate FL

Zip

24 33063

Country

25 BROWARD

2a. Mailing Address

26 1609 N. STATE RD 7

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

01/06/1995

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

9. Name and Address of Current Registered Agent

SEVERTS, PATRICIA L

1611 N. STATE ROAD 7 1609 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 ☐ DELETE

NAME SEVERTS, PATRICIA L
STREET ADDRESS 3785 TURTLE RUN BOULEVARD #1513
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE ☐ DELETE

NAME SEVERTS, RICHARD
STREET ADDRESS 3785 TURTLE RUN BOULEVARD #1513
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE ☐ DELETE

NAME SHELTON, REBECCA
STREET ADDRESS 6130 S.W. 4TH PLACE
CITY-ST-ZIP MARGATE FL 33068

TITLE ☐ DELETE

NAME MARTIN, GUY
STREET ADDRESS 890 S. OCEAN WAY
CITY-ST-ZIP DEERFIELD FL 33

TITLE ☐ DELETE

NAME STUHR, VIRGINIA
STREET ADDRESS 8100 S.W. 8TH CT.
CITY-ST-ZIP N. LAUDERDALE FL 33068

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Tony Sarica
1.3 STREET ADDRESS 3057 Coral Springs DR Apt 101
1.4 CITY-ST-ZIP Coral Springs FL 33065

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

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

4/12/99 954-984-9904
Date Daytime Phone #

CR2E037 (1/98)