

DOCUMENT # N98000003808

1. Entity Name

KIDS IN DISTRESS FOUNDATION, INC.

Principal Place of Business

Mailing Address

819 NE 26TH ST
FT LAUDERDALE FL 33305

819 NE 26TH ST
FT LAUDERDALE FL 33305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3517972

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOMCZYK, THOMAS J
819 NE 26TH ST
FT LAUDERDALE FL 33305

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD
NAME THOMPSON, JEFF Delete
STREET ADDRESS 2611 E OAKLAND PARK BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33306

TITLE T/D
NAME SUSAN HUNT Change Addition
STREET ADDRESS 200 E. LAS OLAS BLVD
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE CD
NAME GLANTZ, RON Delete
STREET ADDRESS 7951 SW 6TH ST STE100
CITY-ST-ZIP FORT LAUDERDALE FL 33324

TITLE V/D
NAME DERICK ROULHAC Change Addition
STREET ADDRESS 1 EAST BROWARD BLVD #700
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE VD
NAME WEINBERG, MICHAEL Delete
STREET ADDRESS 2430 W OAKLAND PARK BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE V/D
NAME SCOT HUNTER Change Addition
STREET ADDRESS 2500 WESTON RD #318
CITY-ST-ZIP WESTON, FL

TITLE SD
NAME HIRSHBERG, EDWARD Delete
STREET ADDRESS 3101 N. FEDERAL HWY. STE. 700
CITY-ST-ZIP FT. LAUDERDALE FL 33306

TITLE Change Addition

TITLE CEPD
NAME THOMAS, TOMCZYK Delete
STREET ADDRESS 819 NE 26 ST
CITY-ST-ZIP WILTON MANORS FL 33305

TITLE Change Addition

TITLE VD
NAME SHEFFIELD, LEE Delete
STREET ADDRESS ONE N. UNIVERSITY DR.
CITY-ST-ZIP PLANTATION FL 33324

TITLE Change Addition

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THOMAS TOMCZYK, 1/4/01 (954) 390-7654

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90061 026 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)