


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90010 048 ****70.00

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1. Entity Name
KIDS IN DISTRESS FOUNDATION, INC.



Principal Place of Business
**819 NE 26TH ST
 FT LAUDERDALE, FL 33305**

Mailing Address
**819 NE 26TH ST
 FT LAUDERDALE, FL 33305**

54018253


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



03102004 Chg-NP CR2E037 (10/03)

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	FEAGLES, LOU	
STREET ADDRESS	610 GOLDEN HARBOUR DR	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TINTER, ALAN	
STREET ADDRESS	2857 NE 25TH ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	
TITLE	CD	<input type="checkbox"/> Delete
NAME	JONES, LESLEY	
STREET ADDRESS	2840 NE 26TH ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIRSHBERG, EDWARD	
STREET ADDRESS	3101 N. FEDERAL HWY. STE. 700	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306	
TITLE	CEPD	<input type="checkbox"/> Delete
NAME	THOMAS, TOMCZYK	
STREET ADDRESS	819 NE 26 ST	
CITY-ST-ZIP	WILTON MANORS, FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEFFIELD, LEE	
STREET ADDRESS	ONE N. UNIVERSITY DR.	
CITY-ST-ZIP	PLANTATION, FL 33324	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKEON, JOHN	
STREET ADDRESS	200 E. LASOLAS BLVD	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Thomas Tomczyk** 3/11/04 954-390-7654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #