

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003808

FILED
Jan 17, 2006
Secretary of State

Entity Name: KIDS IN DISTRESS FOUNDATION, INC.

Current Principal Place of Business:

819 NE 26TH ST
FT LAUDERDALE, FL 33305

New Principal Place of Business:

Current Mailing Address:

819 NE 26TH ST
FT LAUDERDALE, FL 33305

New Mailing Address:

FEI Number: 59-3517972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: FEAGLES, LOU
Address: 610 GOLDEN HARBOUR DR
City-St-Zip: BOCA RATON, FL 33432

Title: SD () Delete
Name: TATE, J. KENNETH
Address: 1175 N.E. 125TH ST. #102
City-St-Zip: NORTH MIAMI BEACH, FL 33161

Title: CD () Delete
Name: JONES, LESLEY
Address: 2840 NE 26TH ST
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: D () Delete
Name: HIRSHBERG, EDWARD
Address: 3101 N. FEDERAL HWY. STE. 700
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: CEPD () Delete
Name: THOMAS, TOMCZYK
Address: 819 NE 26 ST
City-St-Zip: WILTON MANORS, FL 33305

Title: D () Delete
Name: SHEFFIELD, LEE
Address: ONE N. UNIVERSITY DR.
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JONES, LESLEY
Address: 2840 NE 26TH ST
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: CD (X) Change () Addition
Name: HIRSHBERG, EDWARD
Address: 3101 N. FEDERAL HWY. STE. 700
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: PD (X) Change () Addition
Name: THOMAS, TOMCZYK
Address: 819 NE 26 ST
City-St-Zip: WILTON MANORS, FL 33305

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS TOMCZYK

PD

01/17/2006

Electronic Signature of Signing Officer or Director

Date