

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003808

FILED  
Feb 22, 2007  
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:	D	( ) Delete
Name:	JONES, LESLEY	
Address:	2840 NE 26TH ST	
City-St-Zip:	FORT LAUDERDALE, FL 33305	
Title:	CD	( ) Delete
Name:	HIRSHBERG, EDWARD	
Address:	3101 N. FEDERAL HWY. STE. 700	
City-St-Zip:	FT. LAUDERDALE, FL 33306	
Title:	PD	( ) 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	CED (X) Change ( ) Addition
Name:	LEVIN, MIKE
Address:	5100 TOWN CENTER CIRCLE, SUITE 310
City-St-Zip:	BOCA RATON, FL 33486

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

02/22/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date