

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003808

FILED
Jan 16, 2009
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: CD () Delete
Name: LEVIN, MICHAEL
Address: 5100 TOWN CENTER CIR SUITE 310
City-St-Zip: BOCA RATON, FL 33486

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

Title: D () Delete
Name: FUSSELL, GEORGE
Address: 1201 W CYPRESS CREEK RD SUITE 200
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: TD () Delete
Name: HIRSHBERG, EDWARD
Address: 3101 N. FEDERAL HWY. STE. 800
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: SD () Delete
Name: BUTLER, GALE
Address: 110 SE 6TH ST
City-St-Zip: FORT LAUDERDALE, FL 33301

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: TD (X) Change () Addition
Name: SANDLER, ERIC
Address: 1580 SAWGRASS CORP. PKWY. STE 310
City-St-Zip: SUNRISE, FL 33323

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

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

I hereby certify that the information supplied with this filing does not qualify 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

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date