

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 NOV -3 PM 2:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # N97000002247 (1)
 1. Corporation Name
THE INSTITUTE FOR SISTERS OF RESPECT, INC.

Principal Place of Business Mailing Address
 C/O SAFEHOUSE C/O SAFEHOUSE
 1201 NORTH BETTY LANE 1201 NORTH BETTY LANE
 CLEARWATER FL 34615 CLEARWATER FL 34615

3. Date Incorporated or Qualified
04/21/1997
 4. FEI Number Applied For
 Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 28
 Zip Country Zip Country
 24 25 29 30

5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
COLE, RHONDA
1222 NICHOLSON STREET
CLEARWATER FL 34616

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Rhonda Cole, P/O
STREET ADDRESS		1.3 STREET ADDRESS	1222 Nicholson Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Clearwater, FL 33755
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Psalms Mack V/O
STREET ADDRESS		2.3 STREET ADDRESS	1001 Mohawk St.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Clearwater, FL 33755
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Debra A. Dorsett S/O
STREET ADDRESS		3.3 STREET ADDRESS	1341 Woodbine St.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Clearwater, FL 33755
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Cheryl L. Wade T/O
STREET ADDRESS		4.3 STREET ADDRESS	908 Pennsylvania Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater, FL 33755
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	200002684642--6
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-11/10/98--01071--008
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	*****61.25 *****61.25
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rhonda Cole* **SIGNATURE R Rhonda Cole** *Sept 24, 1998*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000005

CR2E037 (5/96)