

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07-09-1999 90018 018 *****61.25
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1. Corporation Name
THE INSTITUTE FOR SISTERS OF RESPECT, INC.

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

Mailing Address
 C/O SAFEHOUSE
 1201 NORTH BETTY LANE
 CLEARWATER FL 34615

2. Principal Place of Business 1	2a. Mailing Address 2a	3. Date Incorporated or Qualified 04/21/1997
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 27	4. FEI Number 59-3584982
City & State 3	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 4	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent COLE, RHONDA 1222 NICHOLSON STREET CLEARWATER FL 34618	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	COLE, RHONDA 1222 NICHOLSON STREET CLEARWATER FL 33755	1.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE VD	PSALMS, MACK 1001 MOHAWK STREET CLEARWATER FL 33755	2.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE SD	DORSETT, DEBRA A 1341 WOODBINE STREET CLEARWATER FL 33755	3.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE TD	WADE, CHERYL L 908 PENNSYLVANIA AVE CLEARWATER FL 33755	4.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE		5.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE		6.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	

14. 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 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 applicable, or in an attachment with an address, with all other like empowered.

SIGNATURE _____ SIGNATURE REQUIRED _____
Signature and typed or printed name of signing officer or director

CR2E037 (1/198)