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FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001996 (8)**

1. Corporation Name

**RESPECT EVERY SINGLE PERSON ESPECIALLY CHILDREN
AND TEENS, INC.**

Principal Place of Business

Mailing Address

**3618 BAYSHORE BLVD NE
ST. PETERSBURG FL 33703
US**

**PO BOX 46781
ST PETE BCH FL 33741
US**

2. Principal Place of Business

2a. Mailing Address

21 315 S. TESSIER DR

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

PASSAGRILL FL

29 City & State

24 Zip

25 Country

29 Zip

30 Country

33706

US

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/28/1993

4. FEI Number

59-3176164

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2104 WEST HILLS AVE #110

83

84 City

TAMPA

FL

85 Zip Code

33606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

**PD
LYNDEL, KAREN
3618 BAYSHORE BLVD NE
ST. PETERSBURG FL 33703**

☐ DELETE

**VPD
GEARY, JIM
205 LYNNHURST
ORMOND BEACH FL 32178**

☐ DELETE

**STD
HALAVA, GAIL
3618 BAYSHORE BLVD NE
ST. PETERSBURG FL 33703**

☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

SIGNATURE: **Gail Halava**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

**PD
GARY SANFORD
315 S. TESSIER DR
PASSAGRILL FL 33706**

☐ Change ☐ Addition

**2104 WEST HILLS AVE #110
TAMPA FL 33606**

☒ Change ☐ Addition

**2104 WEST HILLS AVE #110
TAMPA FL 33606**

☐ Change ☐ Addition

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**

☐ Change ☐ Addition

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 changed, or as an attachment with an address.

SIGNATURE: **4/28/98 8132549033**
Date Daytime Phone # **0074319**

CR2E037 (10/97)