


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90300 020 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000001996					
1. Corporation Name RESPECT EVERY SINGLE PERSON ESPECIALLY CHILDREN AND TEENS, INC.					
Principal Place of Business 045 S TESSIER DR PASS-A-GRIFF FL 33706 US			Mailing Address PO BOX 46701 ST PETE BGN FL 33744 US		

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2. Principal Place of Business 21 4401 44th Street S. Suite, Apt. #, etc. 22		2a. Mailing Address 26 PO Box 530521 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 04/28/1993	
City & State 23 St. Petersburg, FL Zip Country 24 33711 25 USA		City & State 28 St. Petersburg, FL Zip Country 29 33747 30 USA		4. FEI Number 59-3176164 Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent HALAVA, GAIL 2104 W HILLS AVE #110 TAMPA FL 33606				10. Name and Address of New Registered Agent 81 Name GARY SANFORD 82 Street Address (P.O. Box Number is Not Acceptable) 4401 44th Street South 83 84 City St. Petersburg FL 85 Zip Code 33711			
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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 *Gary Sanford* (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GARY SANFORD		1.2 NAME				
STREET ADDRESS	345 S TESSIER DR		1.3 STREET ADDRESS	4401 44th Street South			
CITY-ST-ZIP	PASS-A-GRIFF FL 33706		1.4 CITY-ST-ZIP	St. Petersburg, FL 33711			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	GEARY, JIM		2.2 NAME	Stewart Larson			
STREET ADDRESS	205 LYNNHURST		2.3 STREET ADDRESS	4401 44th Street South			
CITY-ST-ZIP	ORMOND BEACH FL 32176		2.4 CITY-ST-ZIP	St. Petersburg, FL 33711			
TITLE	STD.	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HALAVA, GAIL		3.2 NAME				
STREET ADDRESS	2104 W HILLS AVE #110		3.3 STREET ADDRESS	415 Dairy Rd. Suite E118			
CITY-ST-ZIP	TAMPA FL 33606		3.4 CITY-ST-ZIP	Kahului, HI 96732			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
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				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Gary Sanford* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 (727) 867-2220 Date Daytime Phone #

CR2E037 (11/98)