2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005
Secretary of State

DOCUMENT# N93000001996

Entity Name: RESPECT EVERY SINGLE PERSON ESPECIALLY CHILDREN AND TEENS, INC.

Current Principal Place of Business:

4401 44TH ST
ST PETERSBURG, FL 33711 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 530521
ST PETERSBURG, FL 33747 US

New Mailing Address:

FEI Number: 59-3176164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANFORD, GARY
4401 44TH ST S
ST PETERSBURG, FL 33711 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: PD ( ) Delete
Name: GARY SANFORD,
Address: 4401 44TH ST S
City-St-Zip: ST PETERSBURG, FL 33711

Title: STD ( ) Delete
Name: HALAVA, GAIL
Address: 415 DAIRY RD STE E118
City-St-Zip: KAHULUI, HI 96732

Title: VPD ( ) Delete
Name: LARSON, STEWART
Address: 4401 44THST S
City-St-Zip: ST PETERSBURG, FL 33711

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GARY SANFORD PD 04/08/2005

Electronic Signature of Signing Officer or Director — Date