


FILE NOW: FILING FEE IS \$61.25

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Jul 16 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 # **N95000003118 (5)**

1. Corporation Name

REVIVING THE GENERATION, INC.



Principal Place of Business	Mailing Address
5325 EDGEWATER DR STE 4 ORLANDO FL 32810 US	1953 BURBERRY ST APOPKA FL 32703 US

3. Date Incorporated or Qualified	06/28/1995
4. FEI Number	59-3321955
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. 6630 NOBT	26. P.O. Box 3080
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State: ORLANDO, FL	28. City & State: APOPKA FL
24. Zip: 32810	29. Zip: 32703
25. Country: USA	30. Country: USA

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

9. Name and Address of Current Registered Agent	
HODGES, GEORGE 111 WEST MAGNOLIA AVENUE SUITE 107 LONGWOOD FL 32750	

10. Name and Address of New Registered Agent	
81. Name	HODGES, GEORGE
82. Street Address (P.O. Box Number is Not Acceptable)	280 SOUTH COUNTY ROAD 427 Suite 116
83.	
84. City	LONGWOOD, FL
85. Zip Code	32750

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	
TITLE	<input type="checkbox"/> DELETE
NAME	SARMIENTO, CARLOS A
STREET ADDRESS	1953 BURBERRY ST
CITY-ST-ZIP	APOPKA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	WILLE, KATHY
STREET ADDRESS	6630 NOBT
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	GEORGE, SCOTT A
STREET ADDRESS	8110 HOWELL BRANCH ROAD
CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SARMIENTO, EMILY
STREET ADDRESS	1953 BURBERRY ST
CITY-ST-ZIP	APOPKA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SARMIENTO, CARLOS A
1.3 STREET ADDRESS	1953 BURBERRY ST
1.4 CITY-ST-ZIP	APOPKA, FL 32703
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DYKGRAAF, NATHAN
5.3 STREET ADDRESS	3325 Butler Bay Drive North
5.4 CITY-ST-ZIP	WINDAMERE, FL 34786
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Carlos Sarmiento* CARLOS SARMIENTO 4-3-98 290-1444

CR2E037 (1097)