


FILE NOW: FILING FEE IS \$61.25

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**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90004 023 \*\*\*\*70.00

0012653

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000003118** ✓

1. Corporation Name

**REVIVING THE GENERATION, INC.**

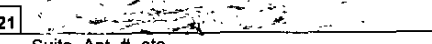
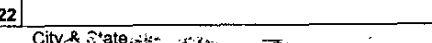
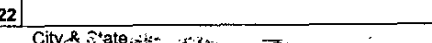
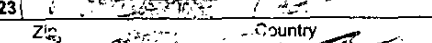
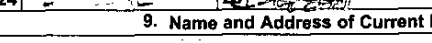

Principal Place of Business

6630 NOBT  
ORLANDO FL 32810  
US

Mailing Address

P.O. BOX 3080  
APOPKA FL 32703  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. 	26. <b>P.O. Box 1966</b>	<b>06/28/1995</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22. 	27. 	<b>59-3321955</b>
City & State	City & State	Applied For
23. 	28. <b>APOPKA, FL</b>	<input checked="" type="checkbox"/> Not Applicable
Zip	Zip	5. Certificate of Status Desired
24. 	29. <b>32704-1966</b>	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Country	Country	6. Election Campaign Financing
	30. <b>USA</b>	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent

**HODGES, GEORGE**  
**250 S COUNTRY RD 427**  
**SUITE 116**  
**LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

**FL**

85. Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SARMIENTO, CARLOS A</b>	1.2 NAME	
STREET ADDRESS	<b>1953 BURBERRY ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DYKGAFF, NATHAN</b>	2.2 NAME	
STREET ADDRESS	<b>3325 BUTLER BAY DR N</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINDAMERE FL 34786</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEORGE, SCOTT A</b>	3.2 NAME	
STREET ADDRESS	<b>3110 HOWELL BRANCH ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	3.4 CITY-ST-ZIP	
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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-29-99** **407-290-1444**

CR2E037 (11/98)