


FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000000667					
1. Corporation Name GET A LIFE-GIVE A LIVING PLUS KIDS PROJECT INC.					
Principal Place of Business 7534 35TH AVE., N. ST. PETERSBURG FL 33710			Mailing Address 7534 35TH AVE., N. ST. PETERSBURG FL 33710		



2. Principal Place of Business 21 5551 44th St. N Suite, Apt. #, etc. 22 Bldg 3 Unit 3010 City & State 23 Pinellas Park, Florida Zip Country 24 33781 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 02/03/1997 4. FEI Number 59-3425704 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution	
9. Name and Address of Current Registered Agent NAVES, EUGENE M 7534 35TH AVE., N. ST. PETERSBURG FL 33710			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	PTD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NAVES, EUGENE M			1.2 NAME			
STREET ADDRESS	7534 35TH AVE., N.			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33710			1.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'BRIEN, PATRICE COPLEY			2.2 NAME			
STREET ADDRESS	7360 ULMERTON ROAD #27A			2.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL 33771			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUNDBERG, WILLIAM R			3.2 NAME			
STREET ADDRESS	80460 FLAMEVINE AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL 33777			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOEDING, BARBARA L			4.2 NAME			
STREET ADDRESS	510 KINDSWAY RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL 33510			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNIGGE, JAN D			5.2 NAME			
STREET ADDRESS	5220 BRITLANDY DR. SO. #106			5.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33715			5.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALLIN, DIANE			6.2 NAME			
STREET ADDRESS	324 CARL AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	BELLEAIR FL 34616			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: *Eugene M. Naves* **SIGNATURE REQUIRED Eugene M. Naves, Pres., CEO 1-18-1999 727-522-1484**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)