FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700003283

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

RESPOND, INC.

Principal Place of Business 2290 LAKE MARION DRIVE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

APOPKA FL 32712

21

22

23

24

Zip

Mailing Address

2a.

26

27

28

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2290 LAKE MARION DRIVE APOPKA FL 32712

Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Aug 30, 1999 8:00 am Secretary of State

08-30-1999 90011 022 ****70.00

6 610770 - 90011 - 2	22_ ^Q
Date Incorporated or Qualifed 06/06/1997	
FEI Number	Applied For
59-3456635	Not Applicab
Certificate of Status Desired	\$8.75 Additional Fee Required

\$5.00 May Be

Added to Fees

WILLIAMS, SUSAN J 5200 S US HWY 17-92 CASSELBERRY FL FL327-12

1	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				

6. Election Campaign Financing

Trust Fund Contribution

3.

4.

Country

30

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: Par	gistered Agent signature re	Pruired when reinstating) DATE					
12.	OFFICERS AND DIRECTORS	(AOTE: NO	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
~~		ELETE	1.1 TITLE	Change	Addition				
TITLE	- TU -		" "		_				
NAME	BROWN, CLINT S		1.2 NAME						
STREET ADDRESS	2290 LAKE MARION DRIVE		1.3 STREET ADDRESS						
CITY-ST-ZIP	APOPKA FL 32712		1.4 CITY-ST-ZIP						
TITLE	\ v D ⊔ □	ELETE	2.1 TITLE	☐ Change	☐ Addition				
NAME	BAUM, TERRY D		22 NAME						
STREET ADDRESS	2290 LAKE MARION DRIVE		2.3 STREET ADDRESS						
CITY-ST-ZIP	APOPKA FL 32712		2.4 CITY-ST-ZIP						
TITLE	STD	ELETE	3.1 TITLE	☐ Change	☐ Addition				
NAME	ANDERSON, RALPH		3.2 NAME						
STREET ADDRESS	2290 LAKE MARION DR		3.3 STREET ADDRESS						
CITY-ST-ZIP	APOPKA FL 32712		34, CITY-ST-ZIP						
TITLE	0	ELETE	4.1 TITLE	☐ Change	☐ Addition				
NAME :	DOGGETT, GERALD		4.2 NAME		ļ				
STREET ADDRESS	2290 LAKE MARION DR		4.3 STREET ADDRESS		İ				
CITY-ST-ZIP	APOPKA FL 32712		4.4 CITY-ST-ZIP		——————————————————————————————————————				
TITLE	D	ELETE	5.1 TITLE	Change	Addition				
NAME	KOPATICH, PATRICIA		5.2 NAME		l				
STREET ADDRESS	2290 LAKE MARION DR		5.3 STREET ADDRESS						
CITY-ST-ZIP	APOPKA FL 32712		5.4 CITY-ST-ZIP						
TITLE		ELETE	6.1 TITLE	Change	Addition				
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS		ļ				
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:

407/ 884-4600