

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003283

FILED
Jan 05, 2004
Secretary of State**Entity Name:** RESPOND, INC.**Current Principal Place of Business:**2411 JERGENSEN DR
ORLANDO, FL 32801**New Principal Place of Business:****Current Mailing Address:**PO BOX 607608
ORLANDO, FL 32860**New Mailing Address:****FEI Number:** 59-3456635**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WILLIAMS, SUSAN J PA
5200 S US HWY 17-92
CASSELBERRY, FL FL32712 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: BROWN, CLINT S
Address: 2411 JERGENSEN DR
City-St-Zip: ORLANDO, FL 32801

Title: VD () Delete
Name: BAUM, TERRY D
Address: 2411 JERGENSEN DR
City-St-Zip: ORLANDO, FL 32801

Title: STD () Delete
Name: PAYNE, STEPHANIE
Address: 2411 JERGENSEN DR
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: BROWN, CHARLES
Address: 2411 JERGENSEN DR
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: MOORE, DAMON
Address: 2411 JERGENSEN DR
City-St-Zip: ORLANDO, FL 32801

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:

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: STEPHANIE PAYNE

STD

01/05/2004

Electronic Signature of Signing Officer or Director

Date