

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90003 006 ****70.00

DOCUMENT # N01000002370 1. Entity Name RATIONAL LIVING FOUNDATION, INC.	
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Principal Place of Business 3910 WALVA STREET TAMPA, FL 33614	Mailing Address 5201 Kennedy Blvd Suite 708 Tampa, FL 33609
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03272003 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3714747	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PARR, VINCENT 3910 WALVA STREET TAMPA, FL 33614

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Vincent E. Parr, P.D.</i></u> DATE <u>7/1/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
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Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, GUY III 2904 BAYSHORE COURT WEST TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURA, LEANNE 4829 W SAN MIGUEL STREET TAMPA, FL 33629
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u><i>Leanne Cura</i></u> <u>6/1/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
