

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002370

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** RATIONAL LIVING FOUNDATION, INC.

**Current Principal Place of Business:**

5201 KENNEDY BLVD  
STE 708  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

5201 KENNEDY BLVD  
STE 708  
TAMPA, FL 33609

**New Mailing Address:**

4829 W. SAN MIGUEL ST.  
TAMPA, FL 33629

**FEI Number:** 59-3714747

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARR, VINCENT  
5201 W KENNEDY BLVD  
STE 708  
TAMPA, FL 33609 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: D ( ) Delete  
Name: KING, GUY III  
Address: 2904 BAYSHORE COURT WEST  
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete  
Name: CURA, LEANNE  
Address: 4829 W SAN MIGUEL STREET  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 exemption stated in Chapter 119, 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: LEANNE CURA, M. A.

D

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date