


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N38037
 1. Entity Name
 RAM FOUNDATION, INC.



Principal Place of Business
 1900 SUMMIT TOWER BLVD, #260
 ORLANDO, FL 32810

Mailing Address
 1900 SUMMIT TOWER BLVD, #260
 ORLANDO, FL 32810

DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number
 65-0194739 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAUS, PAUL V
 1900 SUMMIT TOWER BLVD, #260
 ORLANDO, FL 32810

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

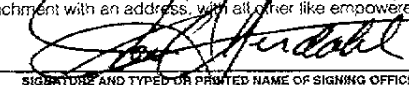
U00000094278
 03/22/04-80053-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD OFFERDAHL, JOHN 1900 SUMMIT TOWER BLVD, #260 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSTD OFFERDAHL, LYNN 1900 SUMMIT TOWER BLVD, #260 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KRAUS, PAUL V 1900 SUMMIT TOWER BLVD, #260 ORLANDO, FL 32810
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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 recorder 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 JOHN OFFERDAHL

3/17/04
 954 565 1456
 Date Daytime Phone #