


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

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

|   |   |
|---|---|
| DOCUMENT # N00000006206                         |  |
| 1. Entity Name<br>THE RAWLINGS FOUNDATION, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>2554 PLAYERS COURT<br>WELLINGTON, FL 33414 | Mailing Address<br>2554 PLAYERS COURT<br>WELLINGTON, FL 33414 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



03042004 No Chg-NP CR2E037 (10/03)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>65-1051638                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

SKALSKI, JOSEPH C  
 14010 ROOSEVELT BLVD.  
 SUITE 708  
 CLEARWATER, FL 33762

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ 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

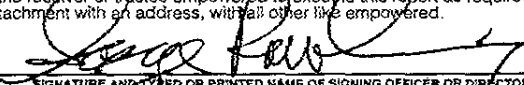
U00000094185  
 03/22/04-90049-011 61.25

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>RAWLINGS, GEORGE R<br>2554 PLAYERS COURT<br>WELLINGTON, FL 33414   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VSD<br>RAWLINGS, BEVERLY S<br>2554 PLAYERS COURT<br>WELLINGTON, FL 33414 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TD<br>RAWLINGS, HERBERT M<br>944 RIVA RIDGE COURT<br>UNION, KY 41091     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>RAWLINGS, JOHN W<br>10719 CROWN POINTE DR<br>UNION, KY 41091        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

**DO NOT WRITE 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)(f), 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:  **3-10-2004** **502-587-1279**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #