


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90092 042 ***150.00

DOCUMENT # N05000004117							
1. Entity Name RESEARCH FOUNDATION FOR NATURAL HEALTH, INC.							
Principal Place of Business 611 DRUID ROAD EAST NO 403 CLEARWATER, FL 33756-3935			Mailing Address 611 DRUID ROAD EAST NO 403 CLEARWATER, FL 33756-3935				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	01062006 Chg-NP CR2E037 (11/05) FEI Number 20-273041 Applied For Not Applicable			
6. Name and Address of Current Registered Agent			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
LETTAU, KATHLEEN 611 DRUID ROAD EAST NO 403 CLEARWATER, FL 33756-3935			7. Name and Address of New Registered Agent				
			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	Lahmann Wolf D.	611 Druid Rd E Ste 403 Clearwater FL 33756				
	S	Lettau, Kathleen E	611 Druid Rd E Ste 403 Clearwater FL 33756				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Kathleen E Lettau Treas</i>			Date: <i>3-10-06</i>		Daytime Phone #: <i>727-445-9707</i>		