

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39070

FILED
Jun 30, 2005
Secretary of State

Entity Name: THE RADIANCE TECHNIQUE INTERNATIONAL ASSOCIATION, INC.

Current Principal Place of Business:

5601 CENTRAL AVENUE
2ND FLOOR
ST PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 40570
ST. PETERSBURG, FL 33743 US

New Mailing Address:

FEI Number: 58-1401966 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HEALY, ANN
2800 FIRST SR N #6
ST PETERBURG, FL 33704 US

Name and Address of New Registered Agent:

LENEL, KATHERINE
7600 RIDGE ROAD
#203
SEMINOLE, FL 33772 US

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: KATHERINE LENEL

06/30/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WRIGHT, JR, FRED W
Address: 9000 COMMODORE DR., #505
City-St-Zip: SEMINOLE, FL 33776

Title: DC () Delete
Name: LIGHTFIELDS, MARVELL, E
Address: 9000 COMMODORE DR #307
City-St-Zip: SEMINOLE, FL 33776

Title: DC () Delete
Name: LENEL, KATHERINE
Address: 2800 LRST ST. N. UNIT 1
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: P () Delete
Name: CARRINGTON, YESNIE
Address: 24 S HOLMAN WAY
City-St-Zip: GOLDEN, CO 80401

Title: D () Delete
Name: DENALI, DEMETER
Address: PO BOX 8777
City-St-Zip: ST. PETERSBURG, FL 33738

Title: MS () Delete
Name: HEALY, ANN
Address: 2800 FIRST ST N #6
City-St-Zip: SAINT PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DC (X) Change () Addition
Name: LENEL, KATHERINE
Address: 7600 RIDGE ROAD, #203
City-St-Zip: SEMINOLE, FL 33772

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MS (X) Change () Addition
Name: HEALY, ANN
Address: P.O. BOX 47795
City-St-Zip: SAINT PETERSBURG, FL 33743

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHERINE LENEL

D

06/30/2005

Electronic Signature of Signing Officer or Director

Date