


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90023 007 \*\*\*\*61.25

**DOCUMENT # N95000001992**

1. Entity Name  
**THE WAY THE TRUTH THE LIFE FOUNDATION INC.**



Principal Place of Business 1511 E DIANA ST TAMPA FL 33610 US <i>1511 E DIANA STREET TAMPA FL 33610</i>	Mailing Address 1511 E DIANA ST TAMPA FL 33610 US <i>1511 E DIANA STREET TAMPA FL 33610</i>
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2. Principal Place of Business <i>1511 E DIANA STREET</i> Suite, Apt. #, etc. <i>TAMPA FL 33610</i> City & State <i>TAMPA FL</i>	3. Mailing Address <i>1511 E DIANA STREET</i> Suite, Apt. #, etc. <i>TAMPA FL 33610</i> City & State <i>TAMPA FL</i>
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Zip <i>33610</i>	Country	Zip	Country
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MOORE CR2E037 (11/03)

4. FEI Number <b>59-3380621</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**OVERTON, PETER O**  
1511 E DIANA ST  
TAMPA FL 33610

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE PD	NAME OVERTON, PETER	STREET ADDRESS 1511 DIANA ST.	CITY-ST-ZIP TAMPA FL 33610	<input type="checkbox"/> Delete
TITLE VD	NAME OVERTON, BEATRICE	STREET ADDRESS 1511 E DIANA ST	CITY-ST-ZIP TAMPA FL 33610	<input type="checkbox"/> Delete
TITLE VD	NAME OVERTON, JOHN	STREET ADDRESS 3028 GROSS AVE.	CITY-ST-ZIP WAKE FOREST NC 27587	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>OVERTON Peter</i>	<i>1511 E DIANA STREET</i>	<i>TAMPA FL 33610</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>OVERTON BEATRICE</i>	<i>1511 E DIANA STREET</i>	<i>TAMPA FL 33610</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>OVERTON JOHN</i>	<i>3028 GROSS AVE</i>	<i>WAKE FOREST NC 27587</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Peter Overton* DATE: *2/12/04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #