

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

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000004433

1. Entity Name
THE LIVING AND LEARNING INSTITUTE, INC.



Principal Place of Business

**5201 5TH AVE N
ST PETERSBURG, FL 33710**

Mailing Address

**5201 5TH AVE N
ST PETERSBURG, FL 33710**

DO NOT WRITE IN THIS SPACE



04282004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3338535

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARRIOTT, GWEN
5201-5TH AVE N
ST PETERSBURG, FL 33710**

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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

Signature typed or printed name of registered agent and title if applicable

(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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
HARRIOTT, GWEN
5201 5TH AVE. N.
SAINT PETERSBURG, FL 33710**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
SAMAHA, JOHN
436-22ND AVE. N.E.
SAINT PETERSBURG, FL 33704**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
THOMPSON, PH.D., CHARMERS V
5201 5TH AVE. N.
SAINT PETERSBURG, FL 33710**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**BM
GAYLE-EVANS, GUDA PH. D
140 7TH AVE S.
SAINT PETERSBURG, FL 33701**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #