


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000004756
 1. Entity Name
REALIZED POTENTIAL TRAINING INSTITUTE, INC.



Principal Place of Business Mailing Address
6077 FIFTH AVE NORTH **PO BOX 13601**
ST PETERSBURG, FL 33710 **SAINT PETERSBURG, FL 33733 US**

DO NOT WRITE IN THIS SPACE



06302004 No Chg-NP CR2E037 (10/03)

4. FCI Number Applied For
59-3456132 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
OVERTON, DIANE
6077 FIFTH AVE NORTH
ST PETERSBURG, FL 33710

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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 _____

Filing Fee is \$61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OVERTON, DIANE
STREET ADDRESS	6077 FIFTH AVE NORTH
CITY ST ZIP	ST PETERSBURG, FL 33710
TITLE	D
NAME	JONES, ROY E
STREET ADDRESS	1220 N STATE PARKWAY
CITY ST ZIP	CHICAGO, IL 60610
TITLE	D
NAME	FICHSER, JEANETTE
STREET ADDRESS	3700 40TH AVE N
CITY ST ZIP	ST PETERSBURG, FL 33714
TITLE	TS
NAME	SWAIN, DANA
STREET ADDRESS	675 62ND AVENUE SO
CITY ST ZIP	SAINT PETERSBURG, FL 33705
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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 07/08/04-80014-015 61.25

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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 a power of attorney.

SIGNATURE: _____ *Diane Overton* *July 2, 2004*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR