

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704298 (9)

1. Corporation Name

RAINBOW RIVER CONSERVATION, INC.



Principal Place of Business

Mailing Address

11875 CEDAR ST.
P.O. BOX 729
DUNNELLO FL 34430
US

P. O. BOX 729
DUNNELLO FL 34430
US

3. Date Incorporated or Qualified
07/17/1962

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-2866416

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, MICHAEL A.
11875 CEDAR STREET
DUNNELLO FL 34431

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME ORAM, DOROTHY
STREET ADDRESS 21485 S.W. 87TH ST.
CITY-ST-ZIP DUNNELLO FL

TITLE SD ☒ DELETE
NAME WHITING, JIM
STREET ADDRESS 12091 PALMETTO WAY
CITY-ST-ZIP DUNNELLO FL

TITLE D ☒ DELETE
NAME BOGUE, RICHARD
STREET ADDRESS 18541 S.W. 108TH PLACE
CITY-ST-ZIP DUNNELLO FL

TITLE TD ☐ DELETE
NAME MARTIN, GRETCHEN
STREET ADDRESS 10565 SW 186TH AVE
CITY-ST-ZIP DUNNELLO FL

TITLE VD ☐ DELETE
NAME ROGERS, GERALD
STREET ADDRESS 10600 SW 190TH TERRACE
CITY-ST-ZIP DUNNELLO FL

TITLE D ☐ DELETE
NAME DENNIS, JACK
STREET ADDRESS 11144 SW 190TH AVENUE
CITY-ST-ZIP DUNNELLO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE P/D ☒ Change ☒ Addition
2.2 NAME APPEL, STEPHEN
2.3 STREET ADDRESS 9065 SW 190Th. Ave. Rd.
2.4 CITY-ST-ZIP DUNNELLO, FLORIDA 34432

3.1 TITLE D ☐ Change ☐ Addition
3.2 NAME WELLS, JOE
3.3 STREET ADDRESS 9071 SW 190th. Ave. Rd.
3.4 CITY-ST-ZIP DUNNELLO, FLORIDA 34432

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE V/S/D ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gerald Rogers* GERALD ROGERS V/S/D

2-2-1996 352-489-4648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)