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FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**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  
DUNNELLON FL 34430  
USP. O. BOX 729  
DUNNELLON FL 34430-0729  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip Country

Zip Country

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25

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/17/1962

3a. Date of Last Report

02/07/1996

4. FEI Number

59-2866416

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

Trust Fund Contribution

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

10. Name and Address of New Registered Agent

SMITH, MICHAEL A.  
11875 CEDAR STREET  
DUNNELLON 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 ☐ DELETE  
NAME D  
STREET ADDRESS ORAM, DOROTHY  
CITY-ST-ZIP 21485 S.W. 87TH ST.  
DUNNELLON FLTITLE ☐ DELETE  
NAME PD  
STREET ADDRESS APPEL, STEPHEN  
CITY-ST-ZIP 9065 SW 190TH AVE RD  
DUNNELLON FLTITLE ☒ DELETE  
NAME D  
STREET ADDRESS WELLS, JOE  
CITY-ST-ZIP 9071 SW 190TH AVE RD  
DUNNELLON FLTITLE ☐ DELETE  
NAME TD  
STREET ADDRESS MARTIN, GRETCHEN  
CITY-ST-ZIP 10585 SW 188TH AVE  
DUNNELLON FLTITLE ☐ DELETE  
NAME VSD  
STREET ADDRESS ROGERS, GERALD  
CITY-ST-ZIP 10800 SW 190TH TERRACE  
DUNNELLON FLTITLE ☐ DELETE  
NAME D  
STREET ADDRESS DENNIS, JACK  
CITY-ST-ZIP 11144 SW 190TH AVENUE  
DUNNELLON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME D  
3.3 STREET ADDRESS CURRAN, WILLIAM  
3.4 CITY-ST-ZIP 11064 N. JUDITH TER.  
DUNNELLON, FL 344334.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0068070

CR2E037 (9/96)