2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT #704298 06 JUL 24 AH 9: 31 RAINBOW RIVER CONSERVATION, INC. Principal Place of Business Mailing Address 20500 E. PENNSYLVANIA AVE. P. O. BOX 729 P.O. BOX 729 DUNNELLON, FL 34430 US DUNNELLON, FL 34430 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06302006 Chg-NP CR2E037 (4/06) City & State 4. FEI Number 59-2866416 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WESTON, BARBARA A 12110 PALMETTO CT Street Address (P.O. Box Number is Not Acceptable) DUNNELLON, FL 34432 City 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. Fam 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) 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. D/S TITLE ☐ Delete TITLE 300078273⁴693 Addition 08/02/06-01049-015 **61.25 ERMATINGER, MARY ANN NAME NAME STREET ADDRESS 10350 SW 190TH TERRACE STREET ADDRESS DUNNELLON, FL 34432 CtTY+ST+ZIP CITY-ST-7P D TITLE ☐ Defete TITLE ☐ Change Addition | RUTKOWSKI, DAN NAME NAME STREET ADDRESS 12062 HERIWA CIR STREET ADDRESS CITY-ST-ZIP DUNNELLON, FL 34432 CITY-ST-ZIP TITLE ☐ Delete Tilli F ☐ Change Addition WESTON, BARBARA A NAME NAME STREET ADDRESS 12110 PALMETTO CT STREET ADDRESS CITY-ST-ZIP DUNNELLON, FL 34432 CITY-ST-Z#P TITLE ☐ Detete TITLE ☐ Change ☐ Addition MARTIN, GRETCHEN NAME NAME STREET ADDRESS 10565 SW 186TH AVE STREET ADDRESS DUNNELLON, FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ROGERS, GERALD NAME NAME STREET ADDRESS 10600 SW 190TH TERRACE STREET ADDRESS CITY-ST-Z#P DUNNELLON, FL CITY-ST-ZIP D/VP Delete Change TITLE TITLE Addition URTON ENO DENNIS, JACK 92206W 1932ª Cirele NAME NAME STREET ADDRESS 11144 SW 190TH AVENUE STREET ADDRESS DUNNELLON, FL 34432 CITY-ST-ZIP DUNNELLON, FR CITY+ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the corporation of 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 in the corporation of the c changed, or on an attachment

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR