2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704298

Title:

Name:

Address:

City-St-Zip:

FILED Feb 19, 2009 Secretary of State

Entity Name: RAINBOW RIVER CONSERVATION, INC.

Current Principal Place of Business: New Principal Place of Business: 20500 E. PENNSYLVANIA AVE. 20500 E. PENNSYLVANIA AVE P.O. BOX 729 DUNNELLON, FL 34430 US DUNNELLON, FL 34430 **New Mailing Address: Current Mailing Address:** P. O. BOX 729 DUNNELLON, FL 34430 US FEI Number: 59-2866416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WESTON, BARBARA A 12110 PALMETTO CT DUNNELLON, FL 34432 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: D/S (X) Change () Addition () Delete ERMATINGER, MARY ANN ERMATINGER, MARY ANN Name: Name: 10350 SW 190TH TERRACE Address: 10350 SW 190TH TERRACE Address: City-St-Zip: DUNNELLON, FL 34432 City-St-Zip: DUNNELLON, FL 34432 Title: () Delete Title: () Change () Addition RUTKOWSKI, DAN Name: Name: Address: 12062 WEKIVA CIRCLE Address: City-St-Zip: DUNNELLON, FL 34432 City-St-Zip: Title: () Delete Title: () Change () Addition WESTON, BARBARA A Name: Name: 12110 PALMETTO CT Address: Address: City-St-Zip: DUNNELLON, FL 34432 City-St-Zip: Title: TD () Delete Title: DT (X) Change () Addition Name: MARTIN, GRETCHEN Name: MARTIN, GRETCHEN 10565 SW 186TH AVE Address: 10565 SW 186TH AVE Address: City-St-Zip: DUNNELLON, FL City-St-Zip: DUNNELLON, FL 34432 Title: DVP () Delete Title: (X) Change () Addition ROGERS, GERALD, Name: Name: ROGERS, GERALD 10600 SW 190TH TERRACE 10600 SW 190TH TERRACE Address: Address: City-St-Zip: DUNNELLON, FL 34432 City-St-Zip: DUNNELLON, FL 34432

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GRETCHEN MARTIN DT 02/19/2009

() Delete

9220 S.W. 193RD CIRCLE

DUNNELLON, FL 34432

BURTON FNO

() Change () Addition