

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
Feb 10 1997 8:00am  
Secretary of State

DOCUMENT # 743602 (5)

1. Corporation Name

RAINBOW ACRES CIVIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4963 SW 196TH AVE.  
P. O. BOX 320010  
DUNNELLON FL 344314963 SW 196TH AVE.  
P. O. BOX 320010  
DUNNELLON FL 34431-46783. Date Incorporated or Qualified  
07/17/19783a. Date of Last Report  
06/26/1996

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

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHENSON, DALE  
4963 S.W. 196TH AVE.  
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS	<input type="checkbox"/> DELETE
NAME	CAMPBELL, MARY	
STREET ADDRESS	9715 SW 54TH ST.	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SUTART, BURNETTE	
STREET ADDRESS	20797 SW 73RD LN	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MOHR, NANCY	
STREET ADDRESS	5714 SW 196TH AVENUE	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	STEPHENSON	
STREET ADDRESS	4963 SW 196TH AVE	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAGURSKY, DORIS	
STREET ADDRESS	5517 SW 202ND CT	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURKE, ERNEST	
STREET ADDRESS	6310 SW 206TH AVENUE	
CITY-ST-ZIP	DUNNELLON FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 FILING OFFICER OR DIRECTOR

Date

Daytime Phone # 0065095

CR2E037 (9/96)