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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750621** (5)

1. Corporation Name

RAINTREE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**71 NORWICH CIRCLE
NICEVILLE FL 32578
US**

**71 NORWICH CIRCLE
NICEVILLE FL 32578-3925
US**



2. Principal Place of Business

2a. Mailing Address

21 330 OLDE POST ROAD

26 330 OLDE POST ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 NICEVILLE, FL.

28 NICEVILLE, FL

24 Zip

25 Country

29 Zip

30 Country

32578

USA

32578

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/16/1980

3a. Date of Last Report
04/12/1996

4. FEI Number

59-2819167

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

**SPRENGER, MICHAEL
434 OLDE POST ROAD
NICEVILLE FL 32578**

10. Name and Address of New Registered Agent
**81 Name
BRUCE SHIPLEY**

**82 Street Address (P.O. Box Number is Not Acceptable)
330 OLDE POST ROAD**

83

**84 City
NICEVILLE**

FL

**85 Zip Code
32578**

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 ☐ DELETE
NAME **PD KING, SPRNCE**
STREET ADDRESS **303 OLDE POST ORAD**
CITY-ST-ZIP **NICEVILLE FL 32578**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **KING, GEORGE S.**
1.3 STREET ADDRESS **OLDE POST ROAD**
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD HOHN, ROGER**
STREET ADDRESS **264 OLDE POSTE ROAD**
CITY-ST-ZIP **NICEVILLE FL 32578**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **SD MADDENS, ROBERT**
STREET ADDRESS **111 RAIN TREE BLVD**
CITY-ST-ZIP **NICEVILLE FL 32578**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **BRUCE SHIPLEY**
3.3 STREET ADDRESS **330 OLDE POST ROAD**
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD YOUNG, CARLTON**
STREET ADDRESS **71 NORWICH CIRCLE**
CITY-ST-ZIP **NICEVILLE FL 32578**

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

TITLE ☒ DELETE
NAME **2VPD BREHM, JIM**
STREET ADDRESS **23 NEWCASTLE CT**
CITY-ST-ZIP **NICEVILLE FL 32578**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **NELL BRADFORD**
5.3 STREET ADDRESS **410 OLDE POST ROAD**
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 in an attachment with an address.

SIGNATURE

George S. King **GEORGE S. KING** 136m 97 04/01/97 1611

CR2E037 (9/96)