

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750621

FILED
Mar 17, 2009
Secretary of State

Entity Name: RAIN TREE ASSOCIATION, INC.

Current Principal Place of Business:

1218 SHIPLEY DR
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

1218 SHIPLEY DR
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 59-2819167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CUMBIE, JAMES R
1218 SHIPLEY DR
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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:

Title: VD () Delete
Name: DE VOS, DAVID L
Address: 104 WEST HAMPTON COURT
City-St-Zip: NICEVILLE, FL 32578

Title: TD () Delete
Name: CUMBIE, JAMES R
Address: 1218 SHIPLEY DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: SD () Delete
Name: ADAMS, MARK J
Address: 1245 SHIPLEY DR
City-St-Zip: NICEVILLE, FL 32578

Title: VD () Delete
Name: SCALF, DULCIE J
Address: 335 OLDE POST ROAD
City-St-Zip: NICEVILLE, FL 32578

Title: PD () Delete
Name: ROBERTS, SCOTT K
Address: 317 OLDE POST RD
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MASCIA, LAURIE
Address: 231 OLDE POST ROAD
City-St-Zip: NICEVILLE, FL 32578

Title: VD (X) Change () Addition
Name: KING, CINDY
Address: 303 OLDE POST ROAD
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JAMES R. CUMBIE

TD

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date