

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90396 013 \*\*\*\*70.00

**DOCUMENT # N01000006606**

1. Entity Name

**R.A.I.N. OF PALM BEACH COUNTY, INC.**

80124938



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2300 AVE. F. RIVIERA BEACH FL 33404	Mailing Address 2200 AVE. F. RIVIERA BEACH FL 33404
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>02-0557697</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KNIGHTON, BETTYE W**  
**2200 AVE. F.**  
**RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ FL 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PARRISH, LEROY REV.</b>
STREET ADDRESS	<b>1354 W. 28TH ST.</b>
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KNIGHTON, BETTYE W</b>
STREET ADDRESS	<b>2200 AVE. F.</b>
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GLENN, DEBORAH</b>
STREET ADDRESS	<b>1533 6TH ST.</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DUPONT, KIMBERLY</b>
STREET ADDRESS	<b>1533 6TH ST.</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PLEASANT, MARGARET</b>
STREET ADDRESS	<b>1172 W. 37TH ST.</b>
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PARRISH, ANITA</b>
STREET ADDRESS	<b>1354 W. 28TH ST.</b>
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bettye W. Knighton*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **6-5-02** Daytime Phone #: **561 863-9554**

CR2E037 (9/01)