# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 18, 2008**
**Secretary of State**

DOCUMENT# N05000007173

**Entity Name:** AFTER THE RAIN OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

2580 FIRST ST
FT MYERS, FL 33901 US

**New Principal Place of Business:**

**Current Mailing Address:**

1661 CROOKED ARROW COURT
CAPE CORAL, FL 33990 US

**New Mailing Address:**

**FEI Number: 20-3173545** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, TERRIE L
1661 CROOKED ARROW COURT
CAPE CORAL, FL 33990 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: | D | ( ) Delete |
| Name: | JOHNSON, BEVERLY | |
| Address: | 3405 EAST WILLARD | |
| City-St-Zip: | FORT MYERS, FL 33916 US | |
| Title: | D | ( ) Delete |
| Name: | BROWN, TERRIE L | |
| Address: | 1661 CROOKED ARROW COURT | |
| City-St-Zip: | CAPE CORAL, FL 33990 US | |
| Title: | D | ( ) Delete |
| Name: | JAMES, CUMMINGS | |
| Address: | 5464 PHILLIPS | |
| City-St-Zip: | BOKEELIA, FL 33922 US | |
| Title: | S | ( ) Delete |
| Name: | LOVE, AMY M | |
| Address: | 1661 CROOKED ARROW CT | |
| City-St-Zip: | CAPE CORAL, FL 33990 US | |
| Title: | T | ( ) Delete |
| Name: | RILEY, KIMBERLY R | |
| Address: | 1661 CROOKED ARROW CT | |
| City-St-Zip: | CAPE CORAL, FL 33990 US | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | T | (X) Change ( ) Addition |
| Name: | RILEY, KIMBERLY R | |
| Address: | 1912 NE 7TH AVE | |
| City-St-Zip: | CAPE CORAL, FL 33909 US | |

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: KIMBERLY R RILEY T 02/18/2008

Electronic Signature of Signing Officer or Director — Date