

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006140

FILED
Apr 10, 2007
Secretary of State

Entity Name: THE RMS FOUNDATION, INC

Current Principal Place of Business:

4551 NW 44TH AVE
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

4551 NW 44TH AVE
OCALA, FL 34482

New Mailing Address:

FEI Number: 20-5050475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HALDIN, WILLIAM C JR
808 E FORT KING STREET
OCALA, FL 34471 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: MOSIEUR, JAMES
Address: 8220 NW 45TH LANE
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: ALLCOTT, HENRY
Address: 2111 SE 25TH STREET
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: MELANCON, CONRAD
Address: 5621 SE 44TH CIRCLE
City-St-Zip: OCALA, FL 34480

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: HENRY ALLCOTT

D

04/10/2007

Electronic Signature of Signing Officer or Director

Date