2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007
Secretary of State

DOCUMENT# N06000009323

Entity Name: R.A.I.N. SOCIAL SERVICES, INC.

Current Principal Place of Business:

1032 OSPREY COVE CIRCLE
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

1032 OSPREY COVE CIRCLE
GROVELAND, FL 34736

New Mailing Address:

FEI Number: 20-5654968 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, TAMEKA M
1032 OSPREY COVE CIRCLE
GROVELAND, FL 34736 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, TAMEKA
Address: 1032 OSPREY COVE CIRCLE
City-St-Zip: GROVELAND, FL 34736

Title: D ( ) Delete
Name: JOHNSON, JOSEPH
Address: 1779 CHRISTOPHER STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete
Name: BROWN, DELORES
Address: 1779 CHRISTOPHER STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete
Name: BROWN, AGNES
Address: 640 MAXEY AVE
City-St-Zip: WINTER GARDEN, FL 34787

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:

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: TAMEKA M JOHNSON D 07/02/2007

Electronic Signature of Signing Officer or Director — Date