

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2008 8:00 am
Secretary of State

08-22-2008 90001 008 ****70.00

DOCUMENT # N07000004704

1. Entity Name
IMAGINE NATIONS, INC.



90117000

Principal Place of Business
2156 HAMMOCK MOSS DR.
ORLANDO, FL 32820

Mailing Address
2156 HAMMOCK MOSS DR.
ORLANDO, FL 32820



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3322 N. WESTWIND BAY

Suite, Apt. #, etc.

S/A

Suite, Apt. #, etc.

—

08102008

Chg-NP

CR2E037 (12/06)

City & State

City & State

Wichita, KS

4. FEI Number

20-8163019

Applied For

Not Applicable

Zip

Country

Zip

67205

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAINES, KELLY
4484 N. JOHN YOUNG PKWY.
CHURCH IN THE SUN
ORLANDO, FL 32804

7. Name and Address of New Registered Agent

Name **RAINES, KELLY**

Street Address (P.O. Box Number is Not Acceptable)

2156 HAMMOCK MOSS DR.

City

ORLANDO

FL

Zip Code

32820

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

KELLY RAINES, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
RAINES, KELLY
7930 SWEETGUM LOOP
ORLANDO, FL 32835 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MATEOLA, AVO
374 LAURENBERG LANE **394 Lake Park Tr.**
ORLANDO, FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE President
MATEOLA, AVO
394 Lake Park Tr. **ORLANDO, FL 32765** ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
EVERLYN ALICEA
P.O. Box 182083 **Casselbury, FL 32718** ☐ Change ☒ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO-Officer
Richard B. Raines, JR
3322 N. Westwind Bay Ct **Wichita KS 67205** ☐ Change ☒ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
I. Director
Shannon Farino **Orlando FL**
911 N. Orange Ave #249 **32801** ☐ Change ☒ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

[Signature]

9/8/2008