

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003584

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE RAINFOREST TRUST, INC.

Current Principal Place of Business:

6001 SW 63RD AVE
SOUTH MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

6001 SW 63RD AVE
SOUTH MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 65-0601940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAWKINS, TERRY E
6001 SW 63RD AVE
SOUTH MIAMI, FL 33143 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: C () Delete
Name: HAWKINS, TERRY E
Address: 6001 SW 63RD AVE
City-St-Zip: SOUTH MIAMI, FL 33143 US

Title: D () Delete
Name: LEMERCIER-DUQUESNAY, BLONDINE M MRS.
Address: 8951 N NEW RIVER CANAL RD
City-St-Zip: PLANTATION, FL 33324 US

Title: D () Delete
Name: AGUILERA-CALZADILLA, ENRIQUE J
Address: 433 BELMONT AVE E, APT 309
City-St-Zip: SEATTLE, WA 98102 US

Title: D () Delete
Name: PULFORD-EARLE, CURTIS R
Address: 20450 SW 248TH ST
City-St-Zip: HOMESTEAD, FL 33170 US

Title: P () Delete
Name: ASHMEADE-HAWKINS, BRETT E
Address: 1602 ALTON ROAD, SUITE 598
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: ST () Delete
Name: ASHMEADE-HAWKINS, MARK E
Address: 6001 SW 63RD AVE
City-St-Zip: MIAMI, FL 33143 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BERKMAN, SUZANNE F MRS.
Address: 521 NORTH RIVERSIDE DRIVE, APT. 606
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: D (X) Change () Addition
Name: AGUILERA-CALZADILLA, ENRIQUE J
Address: 500 WALL STREET, APT. 1407
City-St-Zip: SEATTLE, WA 98121 US

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: BRETT ASHMEADE-HAWKINS

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date