FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700006434

1. Corporation Name

THE RAIN FOUNDATION, INC.

Principal Pi	ace or Busin
2115 KNOX	MCRAE DR
TITLICUALLE	EI 22780

Mailing Address

PO BOX 2045 TITUSVILLE FL 32781

FILED Apr 07, 1999 8:00 am (8) Secretary of State

04-07-1999 90107 013 ****70.00



2. Principal Pl	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed				
21		26	_			11/10/1997	1 -	<u> </u>	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		Applied For	
22	ىد چى داچە شەرسىرى <u>دى ئىسىسىد</u>	27 =	िक्र र	<u> </u>		_ = _59-3476621		Not Applicable	
City & Stat	e	City & State				5. Certifcate of Status Desired	—	Additional Required	
23		28							
Zip	Country	Zip Country				6. Election Campaign Financing	\$5.00 May Be Added to Fees		
24	25	29 30				Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent			
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered P	·gont		
				"	Namo				
DAVIS, WILLIAM J				82 Street Address (P.O. Box Number is Not Acceptable)					
2845 FAWN LAKE BLVD									
MIMS FL	32754			83					
				84	City	Fi	85 Zi	p Code	
						<u> </u>	_ل_ل		
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statute	s, the a	bove by t	-named con	poration submits this statement for the purpose of cion's board of directors. I hereby accept the appoin	changing itment as	registered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503, Flori	da Stat	utes.	ocrporac	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_	
SIGNATURE						<u> </u>			
SIGNATORE	Signature, typed or printed name of registered agent			Agent	signature require	ed when reinstating) DATE	Diper	TORE IN 12	
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AN	Chang		
TITLE	DS	☐ DELETE	•	1.1 TITLE			L Cliana	e Nadilion	
NAME .	DAVIS, WILLIAM J		1.2 N	1.2 NAME					
STREET ADDRESS	2845 FAWN LAKE BLVD		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	MIMS FL 32754		1.4 C	1.4 CITY-ST-ZIP				- A 44741	
TITLE	DT	☐ DELETE	2.1 TI	2.1 TITLE			☐ Chang	e	
NAME	DAVIS, ROBERT		2.2 N	AME					
STREET ADDRESS	1301 GREENWOOD		2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	TITUSVILLE FL 32781		2.40	ITY-S	T-ZIP	<u>ئى</u>	ىنىد ت		
TITLE	DVP	☐ DELETE	3.1 TITLE				☐ Chang	je 🗌 Addition	
NAME	BRADEN, PARK		3.2 N	AME					
STREET ADDRESS	4000 FORD OD		3.3 S	TREET	ADDRESS				
CITY-ST-ZIP	MIMS FL 32754		3.4. 0	ITY-S	T-ZIP				
TITLE	D	☐ DELETE	4.1 1	TLE			Chang	ge 🔲 Addition	
NAME	FARMER, HAIRMAN	•	4.21	AME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP	TITUSVILLE FL 32796		4.4 C	1TY-\$1	r- ZIP				
TITLE	D	☐ DELETE	_	5.1 TITLE			Chang	e Addition	
NAME	CROSBY, VERNON E		5.2 N	AME					
STREET ADDRESS	PO BOX 1775		5.3 S	TREET	ADDRESS				
CITY-ST-ZIP	TITUSVILLE FL 32781		5.4 C	ITY-ST	r-ZIP				
TITLE	P	☐ DELETE	6.1 T				Chang	ge Addition	
NAME	DAVIS, HUBERTA		6.2 N	AME					
	,,		6.3 S	TREET	ADDRESS				
STREET ADORESS				ITY-ST					
CITY-ST-ZIP	TITUSVILLE FL 32780		0.4 0	111-01	Taur				

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

HUSTANDINGE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-99

407/383-7752