

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90084 047 ****70.00

DOCUMENT # N97000006434

1. Entity Name

THE RAIN FOUNDATION, INC.

Principal Place of Business

Mailing Address

2115 KNOX MCRAE DR
 TITUSVILLE FL 32780

PO BOX 2045
 TITUSVILLE FL 32781-2045

2. Principal Place of Business

300 S. Washington Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Titusville, FL

City & State

4. FEI Number

59-3476621

Applied For

Not Applicable

Zip

Country

32796

USA

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, WILLIAM J
2845 FAWN LAKE BLVD
MIMS FL 32754

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** Delete
 NAME **DAVIS, WILLIAM J**
 STREET ADDRESS **2845 FAWN LAKE BLVD**
 CITY-ST-ZIP **MIMS FL 32754**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **DAVIS, ROBERT**
 STREET ADDRESS **1301 GREENWOOD**
 CITY-ST-ZIP **TITUSVILLE FL 32781**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP** Delete
 NAME **BRADEN, PARK**
 STREET ADDRESS **1820 FORD RD**
 CITY-ST-ZIP **MIMS FL 32754**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FARMER, HAIRMAN**
 STREET ADDRESS **798 BUFFALO RD**
 CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CROSBY, VERNON E**
 STREET ADDRESS **PO BOX 1775**
 CITY-ST-ZIP **TITUSVILLE FL 32781**

TITLE Change Addition
 NAME
 STREET ADDRESS **P.O BOX 70-1774**
 CITY-ST-ZIP **St. Cloud, FL 34770**

TITLE **P** Delete
 NAME **DAVIS, HUBERTA**
 STREET ADDRESS **2115 KNOX MCRAE DR.**
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Huberta Davis
HUBERTA DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00

Date

321-383-7752

Daytime Phone #

CR2E037 (9/99)