

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90004 046 ****70.00

DOCUMENT # N97000006434

1. Entity Name

THE RAIN FOUNDATION, INC.

Principal Place of Business

**300 S. WASHINGTON AVE
 TITUSVILLE FL 32796**

Mailing Address

**PO BOX 2045
 TITUSVILLE FL 32781**

2. Principal Place of Business

300 S. WASHINGTON AVE
 Suite, Apt. #, etc.

3. Mailing Address

300 S. WASHINGTON AVE
 Suite, Apt. #, etc.

City & State

City & State

TITUSVILLE, FL

4. FEI Number

59-3476621

Applied For

Not Applicable

Zip

Country

Zip

Country

32796

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, WILLIAM J.
 2845 FAWN LAKE BLVD
 MIMS FL 32754**

7. Name and Address of New Registered Agent

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

TITLE	DS	<input type="checkbox"/> Delete
NAME	DAVIS, WILLIAM J	
STREET ADDRESS	2845 FAWN LAKE BLVD	
CITY-ST-ZIP	MIMS FL 32754	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DAVIS, ROBERT	
STREET ADDRESS	1301 GREENWOOD	
CITY-ST-ZIP	TITUSVILLE FL 32781	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	BRADEN, PARK	
STREET ADDRESS	1820 FORD RD	
CITY-ST-ZIP	MIMS FL 32754	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARMER, HAIRMAN	
STREET ADDRESS	798 BUFFALO RD	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROSBY, VERNON E	
STREET ADDRESS	P.O. BOX 70-1774	
CITY-ST-ZIP	ST. CLOUD FL 34770	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, HUBERTA	
STREET ADDRESS	2115 KNOX MCRAE DR.	
CITY-ST-ZIP	TITUSVILLE FL 32780	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael L. Marshall	
STREET ADDRESS	2170 KNOX MCRAE DR., #8	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

Date

321-383-7752

Daytime Phone #

CR2E037 (10/00)