


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 08:00 AM
Secretary of State

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
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07062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3476621	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DAVIS, WILLIAM J
 2845 FAWN LAKE BLVD
 MIMS, FL 32754

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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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAVIS, WILLIAM J 2845 FAWN LAKE BLVD MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVIS, ROBERT 1301 GREENWOOD TITUSVILLE, FL 32781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MARSHALL, MICHAEL L 2170 KNOX MC RAE DRIVE #8 TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARMER, HAIRMAN 798 BUFFALO RD TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSBY, VERNON E P.O. BOX 70-1774 ST. CLOUD, FL 34770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, HUBERTA 2845 FAWN LAKE BLVD MIMS, FL 32754

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 07/09/04-80016-008 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 7/6/04 321-383-7752
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #