

**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

DO NOT WRITE IN THIS SPACE



07062004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3476621

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

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

TITLE DVP
NAME MARSHALL, MICHAEL L
STREET ADDRESS 2170 KNOX MC RAE DRIVE #8
CITY-ST-ZIP TITUSVILLE, FL 32780

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

TITLE D
NAME CROSBY, VERNON E
STREET ADDRESS P.O. BOX 70-1774
CITY-ST-ZIP ST. CLOUD, FL 34770

TITLE P
NAME DAVIS, HUBERTA
STREET ADDRESS 2845 FAWN LAKE BLVD
CITY-ST-ZIP MIMS, FL 32754

1100000165099
07/09/04-80016-008 70.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04 321-383-7752
Date Daytime Phone #