

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000006434

FILED
Apr 29, 2003
Secretary of State

Entity Name: THE RAIN FOUNDATION, INC.

Current Principal Place of Business:

300 S. WASHINGTON AVE
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

PO BOX 2045
TITUSVILLE, FL 32781

New Mailing Address:

FEI Number: 59-3476621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, WILLIAM J
2845 FAWN LAKE BLVD
MIMS, FL 32754 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: DAVIS, WILLIAM J
Address: 2845 FAWN LAKE BLVD
City-St-Zip: MIMS, FL 32754

Title: DT () Delete
Name: DAVIS, ROBERT
Address: 1301 GREENWOOD
City-St-Zip: TITUSVILLE, FL 32781

Title: DVP () Delete
Name: MARSHALL, MICHAEL L
Address: 2170 KNOX MC RAE DRIVE #8
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: FARMER, HAIRMAN
Address: 798 BUFFALO RD
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: CROSBY, VERNON E
Address: P.O. BOX 70-1774
City-St-Zip: ST. CLOUD, FL 34770

Title: P () Delete
Name: DAVIS, HUBERTA
Address: 2845 FAWNE LAKE BLVD
City-St-Zip: MIMS, FL 32754

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUBERTA DAVIS

P

04/29/2003

Electronic Signature of Signing Officer or Director

Date