

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000088422

1. Entity Name
RARE OF N FLORIDA INC



FILED

07 SEP 24 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**9117 SW TUSTENUGGEE AVE
LAKE CITY, FL 32024**

Mailing Address
**9117 SW TUSTENUGGEE AVE
LAKE CITY, FL 32024**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

09142007 Chg-P CR2E034 (12/06)

4. FEI Number
20-5415442

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**INGRAM, RHODA
9117 SW TUSTENUGGEE AVE
LAKE CITY, FL 32024**

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. I am familiar with, and accept the obligations of registered agent.

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

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	INGRAM, ROGER			NAME			
STREET ADDRESS	9117 SW TUSTENUGGEE AVE			STREET ADDRESS	800109961658		
CITY-ST-ZIP	LAKE CITY, FL 32024			CITY-ST-ZIP	09/26/07--01038--016 **61.25		
TITLE	SEC	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	INGRAM, RHODA			NAME	INGRAM, Rhoda		
STREET ADDRESS	9117 SW TUSTENUGGEE AVE			STREET ADDRESS	9117 SW Tustenuggee Ave		
CITY-ST-ZIP	LAKE CITY, FL 32024			CITY-ST-ZIP	LAKE CITY, FL 32024		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: Rhoda Ingram/Rhoda Ingram 9-20-07 386-965-5649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #