

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N13000000614

**Entity Name:** RAPSCALLION TO THE RESCUE INC.

**Current Principal Place of Business:**

4850 SE 212 CT  
MORRISTON, FL 32668

**Current Mailing Address:**

P.O. BOX 160  
MORRISTON, FL 32668 US

**FEI Number:** 46-1839380

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NILES, VIRGINIA L  
4850 SE 212 CT  
MORRISTON, FL 32668 US

*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

**Officer/Director Detail :**

Title	PS	Title	OFFICER
Name	NILES, VIRGINIA L	Name	LAKE, KIM
Address	4850 SE 212 CT	Address	11651 NE 109TH PLACE
City-State-Zip:	MORRISTON FL 32668	City-State-Zip:	ARCHER FL 32618
Title	TREASURER	Title	VP
Name	CONDERMANN, WILLIAM	Name	PODOBINSKI, SARAH
Address	4850 SE 212 CT	Address	10450 NE 124TH STREET
City-State-Zip:	MORRISTON FL 32668	City-State-Zip:	ARCHER FL 32618
Title	SECRETARY		
Name	PAREJA-PENTON, DEBORAH		
Address	9545 SW 9TH TERRACE		
City-State-Zip:	OCALA FL 34476		

*I hereby 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 all other like empowered.*

**SIGNATURE:** NILES , VIRGINIA , L

03/13/2019

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date