

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

DOCUMENT# N13000000614

**FILED**  
**Feb 18, 2019**  
**Secretary of State**  
**4768195561CC**

**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  
Name NILES, VIRGINIA L  
Address 4850 SE 212 CT  
City-State-Zip: MORRISTON FL 32668

Title OFFICER  
Name LAKE, KIM  
Address 11651 NE 109TH PLACE  
City-State-Zip: ARCHER FL 32618

Title TREASURER  
Name CONDERMANN, WILLIAM  
Address 4850 SE 212 CT  
City-State-Zip: MORRISTON FL 32668

Title VP  
Name PODOBINSKI, SARAH  
Address 10450 NE 124TH STREET  
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: VIRGINIA L NILES**

**PRESIDENT**

**02/18/2019**

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

\_\_\_\_\_  
Date