

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Loretta B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743602 (5)

1. Corporation Name:
RAINBOW ACRES CIVIC ASSOCIATION, INC.

FILED
95 FEB 28 AM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4963 SW 196TH AVE. 4963 SW 196TH AVE.
P. O. BOX 320010 P. O. BOX 320010
DUNNELLON FL 34431 DUNNELLON FL 34431

3. Date incorporated or Qualified 07/17/1978 3a. Date of Last Report 04/18/1994
4. FEI Number 59-1886003 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
STEPHENSON, DALE
4963 S.W. 196TH AVE.
DUNNELLON FL 34431

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | DS |
| NAME | CAMPBELL, MARY |
| STREET ADDRESS | 9715 SW 54TH ST. |
| CITY-ST-ZIP | DUNNELLON FL |
| TITLE | D |
| NAME | MEREDITH, EARL |
| STREET ADDRESS | 20812 SW 63RD PLACE |
| CITY-ST-ZIP | DUNNELLON FL |
| TITLE | TD |
| NAME | MOHR, NANCY |
| STREET ADDRESS | 5714 SW 196TH AVENUE |
| CITY-ST-ZIP | DUNNELLON FL |
| TITLE | P |
| NAME | CROSS, RICHARD |
| STREET ADDRESS | 4981 SW 196 AVE |
| CITY-ST-ZIP | DUNNELLON FL |
| TITLE | D |
| NAME | BLY, MILTON |
| STREET ADDRESS | 5351 SW 196 AVE |
| CITY-ST-ZIP | DUNNELLON FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Mary M. Campbell | |
| 1.3 STREET ADDRESS | 19715 SW 54th St. | |
| 1.4 CITY-ST-ZIP | Dunnellon, Fl. 34431 | |
| 2.1 TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Lois Waltich | |
| 2.3 STREET ADDRESS | 5085 S.W. 196th Ave. | |
| 2.4 CITY-ST-ZIP | Dunnellon, Fl. 34431 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Dale Stephenson | |
| 6.3 STREET ADDRESS | 4963 SW 196th Ave. | |
| 6.4 CITY-ST-ZIP | Dunnellon, Fl. 34431 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: Richard C. Cross - Pres. 2/19/95 904-489-8604
 (Signature and typed or printed name of signing officer or director)
RICHARD C. CROSS - (PRES.) ATTESTED BY: Mary M. Campbell Secretary
 (Signature and typed or printed name of Secretary)