

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001769

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: RAINBOW OF HOPE-DREAM CENTER, INC.

**Current Principal Place of Business:**

11440 LINCOLN BLVD  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

11440 LINCOLN BLVD  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 65-1130207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SJO ASSOCIATES  
7 PALMS PLAZA  
SUITE 7-349  
HOMESTEAD, FL 33030 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: CEO ( ) Delete  
Name: MALONE, CARLOS L BIS SR  
Address: 14440 LINCOLN BLVD  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: BECKFORD, JANITA  
Address: 11440 LINCOLN BLVD  
City-St-Zip: MIAMI, FL 33176 US

Title: D ( ) Delete  
Name: GARNETT, ROBERT  
Address: 12634 SW 211 TERRACE  
City-St-Zip: MIAMI, FL 33177

Title: D ( ) Delete  
Name: MERIT, PATRICK  
Address: 11401 SW 147TH STREET  
City-St-Zip: MIAMI, FL 33176 US

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BISHOP CARLOS L MALONE, SR

CEO

04/28/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date