

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N35581** (0)
1. Corporation Name
RAINBOW CENTER, INCORPORATED



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
% ANA M VILLAR 717 INGLESIDE AVENUE TALLAHASSEE FL 32303-6420 US		% ANA M VILLAR 717 INGLESIDE AVENUE TALLAHASSEE FL 32303-6420 US		12/08/1989	05/01/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	57-0902185	Not Applicable		
Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional Fee Required		
22		[X]		[]	
City & State		6. Election Campaign Financing Trust Fund Contribution	5.00 May Be Added to Fees		
23		[]		[]	
Zip	Country	24		25	
24	25	29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

VILLAR, ANA M.
717 INGLESIDE AVENUE
TALLAHASSEE FL 32303

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	PD VILLAR, ANA M. 717 INGLESIDE AVE TALLAHASSEE FL	1.1 TITLE	[] Change [] Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD OGDEN, KEVIN B. 717 INGLESIDE AVENUE TALLAHASSEE FL	2.1 TITLE	[] Change [X] Addition
NAME		2.2 NAME	D Halleck, Wendy
STREET ADDRESS		2.3 STREET ADDRESS	105 Glenview Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	D CAMBEIRO, EDUARDO 535 EAST VAN BUREN TALLAHASSEE FL	3.1 TITLE	[X] Change [] Addition
NAME		3.2 NAME	V/D Cambeiro, Eduardo
STREET ADDRESS		3.3 STREET ADDRESS	535 East Van Buren
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD MORAN, CHRISTOPHER H. 1918 VINELAND LANE TALLAHASSEE FL	4.1 TITLE	[] Change [X] Addition
NAME		4.2 NAME	D Scruggs Morgan, Stacy
STREET ADDRESS		4.3 STREET ADDRESS	1518 Yancey Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	SD CARPENTER, DRUCILLA 1430 LUCY STREET TALLAHASSEE FL	5.1 TITLE	[X] Change [] Addition
NAME		5.2 NAME	C/D Carpenter, Drucilla
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D PALUMBO, JOHN RT 5 BOX 2568 CRAWFORDVILLE FL	6.1 TITLE	[X] Change [] Addition
NAME		6.2 NAME	S/D Palumbo, John
STREET ADDRESS		6.3 STREET ADDRESS	59 Lauderdale Lane
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Crawfordville, FL 32327

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: Ana M. Villar Ana M. Villar 4/30/96 904/681-0180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time/Phone

CR2E037 (12/95)