2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State
05-30-2000 90050 050 ****70.00

DOCUMENT # N47911

1. Entity Name

RAINBOW ALLIANCE FOR THE MENTALLY ILL OF SOUTH B

Principal Place of Business	Mailing Address
1860 N. Atlantic Ave., #B405 Cocoa Beach, FL 32931-3249 US	1860 N. Atlantic Ave., #B405 Cocoa Beach, FL 32931-3249

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1860 N. Atlantic Ave.	1860 N. Atlantic Ave.
Suite, Apt. #, etc.: Unit #B405	Suite, Apt. #, etc.: Unit #B405
City & State: Cocoa Beach, FL	City & State: Cocoa Beach, FL
Zip: 32931-3249 Country: US	Zip: 32931-3249 Country: US

4. FEI Number: 59-3138846 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOPEZ, LOTTE 1214 BANANA RIVER DR SUITE 505 INDIAN HARBOUR BEACH FL 32937	Name: Donna Jenkins Street Address (P.O. Box Number is Not Acceptable): 1860 N. Atlantic Ave., #B405 City: Cocoa Bch., FL Zip Code: 32931-3249

8. 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: Donna Jenkins (Donna Jenkins) 5/15/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONAL OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOPEZ, LOTTE 1214 BANANA RIVER DR INDIAN HARBOR BEACH FL	☒ Delete	PD JENKINS, DONNA 1860 N. Atlantic Ave., #B405 Cocoa Beach, FL 32931-3249	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WATERS, CAROL 2175 NORTH A1A INDIALANTIC FL	☒ Delete	1VD IPARRAGUIRRE, LOU 961 Golden Bch. Blvd. Indian Harbour Bch, FL 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PHILOMENA M. WEST 423 ATLANTIS DR SATELLITE BEACH FL	☐ Delete	TD WEST, PHILOMENA M. 423 Atlantis Drive Satellite Beach, FL 32937	☒ Change ☐ Addition (Zip Code only)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LANGUE, CONNIE A 215 STEPLEU SOUND W MELBOURNE FL 32934	☐ Delete	SD LANOUE, CONNIE 215 Stephenson Dr. W. Melbourne, FL 32904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WOODBURY, RYLMA 485 KREFELD RD PALM BAY FL 32907	☒ Delete	2VD BRANCACCIO, JOE 4915 Lake Waterford Way West Melbourne, FL 32901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donna Jenkins (Donna Jenkins) 5/15/00 1-321-799-3151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #