2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90147 006 ****61.25

DOCUMENT # N47911

1. Entity Name

RAINBOW ALLIANCE FOR THE MENTALLY ILL OF SOUTH B

Principal Place of Business	Mailing Address
1860 N ATLANTIC AVE B-405 COCOA BEACH FL 32831 US	1860 N ATLANTIC AVE B-405 COCOA BEACH FL 32831 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 360766	P.O. Box 360766
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MELBOURNE, F	City & State: MELBOURNE, FL
Zip: 32936-0766 Country: USA	Zip: 32936-0766 Country: USA

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
JENKINS, DONNA 1860 N ATLANTIC AVE B-405 COCOA BEACH FL 32831	Name: PHILIP F. STOKES Street Address (P.O. Box Number is Not Acceptable): 1928 MALABAR LAKES DR NE City: PALM BAY, FL Zip Code: 32905-4463

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: Philip F. Stokes PHILIP F. STOKES 4/27/01
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PHILOMENA M. WEST 423 ATLANTIS DR SATELLITE BEACH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER/DIR PHILIP F. STOKES 1928 MALABAR LAKES DR NE PALM BAY, FL 32905-4463	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LANGUE, CONNIE A 215 STEPLEU SOUND W MELBOURNE FL 32934	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/DIR MARGARET B. MORGAN 1072 HYDE PARK LANE MELBOURNE, FL 32935	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JENKINS, DONNA 1860 N ATLANTIC AVE, B405 COCOA BEACH FL 32931	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/DIR LOUIS IPARRAGUIRRE 961 GOLDEN BEACH BLVD INDIAN HARBOUR BEACH, FL 32937	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AND 1ST VICE PRESIDENT/DIR REGINA FRIEDMAN 925 N. A1A UNIT 506 INDIALANTIC, FL 32903	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Philip F. Stokes PHILIP F. STOKES 4/27/01 321-729-0860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #