

3/4/97 B-2614-C  
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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N95000002479 (2)

1. Corporation Name

RAINBOW MIRACLE MINISTRY INC.

Principal Place of Business

1278 N.W. 43RD ST.  
MIAMI FL 33142

Mailing Address

1278 N.W. 43RD ST.  
MIAMI FL 33142-7973



3. Date Incorporated or Qualified  
05/25/1995

3a. Date of Last Report  
04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 1278 NW 43rd St

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Building

27

City & State

City & State

23 MIAMI FLA

28

24 33142

Country

Zip

Country

25 US

29

30

4. FEI Number  
APPLIED FOR 65-0661716

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Trust Fund Contribution ☐ Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOWELL, BEVERLY  
1278 N.W. 43RD ST.  
MIAMI FL 33142

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME HOWELL, PASTOR BEVERLY  
STREET ADDRESS 1278 N.W. 43RD ST.  
CITY-ST-ZIP MIAMI FL 33142

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME HOWELL, TINA  
STREET ADDRESS %1278 N.W. 43RD ST.  
CITY-ST-ZIP MIAMI FL 33142

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME DIAZ, NOBIA  
STREET ADDRESS %1278 N.W. 43RD ST.  
CITY-ST-ZIP MIAMI FL 33142

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 address.

SIGNATURE: Beverly Howell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 20, 1997

Date

Daytime Phone # 00000000

CR2E037 (9/96)