

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  
 4. FEI Number: APPLIED FOR 65-0661716  
 5. Certificate of Status Desired:  \$8.75 Additional 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

2. Principal Place of Business: 21 1278 Nw 43rd St Building MIAMI FLA 33142  
 2a. Mailing Address: 26 1278 Nw 43rd St MIAMI FLA 33142-7973  
 23. City & State: MIAMI FLA  
 24. Zip: 33142  
 25. Country: US

9. Name and Address of Current Registered Agent  
 HOWELL, BEVERLY  
 1278 N.W. 43RD ST.  
 MIAMI FL 33142

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code: FL

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 12	
TITLE	D	1.1 TITLE	
NAME	HOWELL, PASTOR BEVERLY	1.2 NAME	
STREET ADDRESS	1278 N.W. 43RD ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33142	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	HOWELL, TINA	2.2 NAME	
STREET ADDRESS	%1278 N.W. 43RD ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33142	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	DIAZ, NOBIA	3.2 NAME	
STREET ADDRESS	%1278 N.W. 43RD ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33142	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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  
 Date: Feb 20, 1997  
 Daytime Phone # 0000000

CR2E037 (9/96)