

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N95000002479 (2)

1. Corporation Name

RAINBOW MIRACLE MINISTRY INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

05/25/1995

4. FEI Number

65-0661716

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes

No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

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

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

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

2.1 TITLE ASSISTANT PASTOR
2.2 NAME ROSETTA CORNER
2.3 STREET ADDRESS 1278 NW 43rd St
2.4 CITY - ST - ZIP MIAMI FLORIDA 33142
 Change Addition

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

3.1 TITLE
3.2 NAME Eddie pattersou
3.3 STREET ADDRESS 1278 NW 43rd St
3.4 CITY - ST - ZIP MIAMI FLORIDA 33142
 Change Addition
SECRETARY

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
 DELETE

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

14. 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 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:

Beverly Howell

CR2E037 (10/97)