2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N95000002479 1. Entity Name RAINBOW MIRACLE MINISTRY INC.					Feb 23, 2004 08:00 AM Secretary of State			
Principal Place of Business		Mailing Address						₹ · #
1278 N.W. 43 ST. MIAMI FL 33142 US		1278 N.W. 43RD ST. MIAMI FL 33142			Titi bilit thiit built beit delil beli			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc		Suite, Apt #, etc.		<u> </u>	MOORE CR2E037 (11/03)			
City & State		City & State			4. FEI Number 65	5-0661716	<u> </u>	plied For at Applicable
Zip	Country	Zip	Zip Cou		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent		Name	7. Name and Addr	ess of New Registered		-
HOWELL, BEVERLY				Street Address (P.O. Box Number is Not Acceptable)				
127	8 N.W. 43RD ST. MI FL 33142			Street Address	(P.O. Box Number is N	or Acceptable)	•	·-
14117	MAIL 1 E 22 145			- City			1 4 - 0 - 1	
				City	FL Zip Code			
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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature typed or printed name of registored agent and title if applicable (NOTE Registered Agent signature required when reinstature) DATE								
FILE NOW: FEE IS \$61.25 Due By May 1, 2004 9. Election Campaign Finance Trust Fund Contribution.					\$5.00 May Be Added to Fees	May Be Make Check Payable to Florida Department of State		
10.	OFFICERS AND DI		11.		ADDITIONS/CHANGE	S TO OFFICERS AND D	IRECTÓRS IN	,
TITLE NAME	HOWELL, PASTOR BEVERLY			3			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33142			ET ADDRESS - SI - ZIP	U00000061634 02/23/04-80089-011 70.00			
TITLE	EODDEC LEDOV		TITLE				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	1001 NW 28TH ST MIAMI FL 33142			et address -st-zip				
TITLE	TAP	☐ Delete	TITLE	1			Change	Addition
NAME STREET ADDRESS	FORBES, HERMA 1497 NW 148TH ST		NAM: STRE	E Et adoress				
CITY-ST-ZIP	OPA LOCKA FL 33056	· · · · · · · · · · · · · · · · · · ·	СІТУ	· ST-ZIP		····-		
TITLE NAME		☐ Delete	TITLE NAM	1			Change	Addition
STHEET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP				
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS -ST-ZIP				
TITLE NAME		☐ Delete	TITLE	1			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS -ST-ZIP				
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: BULLEY HOWELL - PASTON - BEVERLY HOWELE 18/04 786-287-5226 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Proce & Dayline Proce &								
	SIGNATURE AND TYPED OR I	PRINTED NAME OF SIGNING OFFICE	R OR DIRECT	OR /	, -	Date	Daytime Phone #	

FILED