

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000002479

1. Entity Name
RAINBOW MIRACLE MINISTRY INC.



Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE



02152006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

65-0661716

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

6. 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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

000000438854
03/02/06-80021-016 70.00

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**AD
FORBES, LEROY
1001 NW 28TH ST
MIAMI, FL 33142**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**TAP
FORBES, HERMA
1497 NW 148TH ST
OPA LOCKA, FL 33058**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

2/16/06

786-287-5226

Date

Daytime Phone #