

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90010 002 \*\*\*\*61.25

0014672

**DOCUMENT # N98000001544**  
 1. Entity Name  
**RAINBOW BODY OF CHRIST CHURCH, INC.**

Principal Place of Business      Mailing Address  
**24085 NORTHWEST HEMLOCK AVENUE**      **24085 NORTHWEST HEMLOCK AVENUE**  
**DUNNELLON FL 34431**      **DUNNELLON FL 34431**

00000130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number **59-3500434**      Applied For  
 Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>EWELL, DANA F</b>	
STREET ADDRESS	<b>24085 NORTHWEST HEMLOCK AVENUE</b>	
CITY-ST-ZIP	<b>DUNNELLON FL 34431</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EWELL, JERUSHA</b>	
STREET ADDRESS	<b>24085 NORTHWEST HEMLOCK AVENUE</b>	
CITY-ST-ZIP	<b>DUNNELLON FL 34431</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EWELL, ANDREA</b>	
STREET ADDRESS	<b>24085 NORTHWEST HEMLOCK AVENUE</b>	
CITY-ST-ZIP	<b>DUNNELLON FL 34431</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-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: *DANA F. EWELL*      **DANA F. EWELL**      7-14-01      352-465-7399

CR2E037 (5/01)