

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002479

**Entity Name:** RAINBOW MIRACLE MINISTRY INC.

**Current Principal Place of Business:**

7169 NW 17TH AVE  
MIAMI, FL 33147

**Current Mailing Address:**

PO BOX 4727985  
MIAMI, FL 33247 US

**FEI Number:** 65-0661716

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

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

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DP  
Name HOWELL, PASTOR BEVERLY  
Address 1278 N.W. 43RD ST.  
City-State-Zip: MIAMI FL 33142

Title SEC  
Name TW MANAGEMENT LLC  
Address 18459 PINES BLVD SUITE 285  
City-State-Zip: PEMBROKE PINES FL 33029

Title DEACON  
Name WRIGHT, CHARLIE  
Address 2727 NW 47TH TER  
City-State-Zip: MIAMI FL 33147

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BEVERLY HOWELL

PASTOR

02/26/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date