


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 762866	
1. Entity Name RAINBOW SPRINGS VILLAGE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE OF DUNNELLO, FLORIDA,	

Principal Place of Business 20222 SW 102 STREET ROAD DUNNELLO, FL 34431 US	Mailing Address 20222 SW 102 STREET ROAD DUNNELLO, FL 34431 US
--	--

DO NOT WRITE IN THIS SPACE



07032006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2192264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIS, CHERYL D
 1021 SW 196TH COURT
 DUNNELLO, FL 34431

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC GREAVES, CHRISTOPHER A REV 19299 ST LAWRENCE DR DUNNELLO, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIS, CHERYL D 1021 SW 196TH CT DUNNELLO, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STARK, CAROL R 8717 SW 205 CIR DUNNELLO, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSEN, DORIS E 22875 SE 117TH ST DUNNELLO, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000570660
 07/18/06-80004-003 61.25

DO NOT WRITE 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: Carol R. Starks 2-09-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #