

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90018 011 \*\*\*\*61.25



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

Principal Place of Business      Mailing Address  
 20222 SW 102 STREET ROAD      20222 SW 102 STREET ROAD  
 DUNNELLON FL 34431              DUNNELLON FL 34431  
 US    US



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.    Suite, Apt. #, etc.  
 City & State    City & State  
 Zip    Zip    Country    Country

1st MOORE      CR2E037 (10/07)

4. FEI Number      Applied For  
**59-2192264**    Not Applicable

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

6. Name and Address of Current Registered Agent  
**WILLIS, CHERYL D**  
**1021 SW 196TH COURT**  
**DUNNELLON FL 34431**

7. Name and Address of New Registered Agent  
 Name      **Cheryl D. Dick**  
 Street Address (P.O. Box Number is Not Acceptable)  
**19451 SW 5th Place**  
 City      **Dunnellon**      **FL**      Zip Code      **34431**

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 *Cheryl D. Dick*      February 18, 2008  
Signature, typed or printed name of registered agent and title, if applicable.      (NOTE: Registered Agent signature must be witnessed.)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> Delete
NAME	GREAVES, CHRISTOPHER A REV	
STREET ADDRESS	19299 ST LAWRENCE DR	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WILLIS, CHERYL D	
STREET ADDRESS	1021 SW 196TH CT	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	T	<input type="checkbox"/> Delete
NAME	STARK, CAROL R	
STREET ADDRESS	8717 SW 205 CIR	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLSEN, DORIS E	
STREET ADDRESS	22875 SE 117TH ST	
CITY-ST-ZIP	DUNNELLON FL 34431	
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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheryl D. Dick	
STREET ADDRESS	19451 SW 5th Place	
CITY-ST-ZIP	Dunnellon, FL 34431	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Bright	
STREET ADDRESS	P.O. Box 2612	
CITY-ST-ZIP	Dunnellon, FL 34430-2612	
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 exemptions contained in Section 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. Stark*

February 18, 2008 352-489-6356