

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770303

1. Entity Name

RAINBOW MINISTRIES, INC.

Principal Place of Business

4610 86TH ST W
BRADENTON FL 34209
US

Mailing Address

4610 86TH ST W
BRADENTON FL 34210-2435
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2416356

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANASSA, VICTOR N
4610 86TH ST W
BRADENTON FL 34209

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MANASSA, VICTOR N.
STREET ADDRESS 4610 86TH ST W
CITY-ST-ZIP BRADENTON FL 34209

TITLE ☒ Change ☐ Addition
NAME 3533 52ND AVE. CIR. W.
STREET ADDRESS 34210
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME MANASSA, CAROL M.
STREET ADDRESS 4610 86TH ST W
CITY-ST-ZIP BRADENTON FL 34209

TITLE ☒ Change ☐ Addition
NAME 3533 52ND AVE CIR. W
STREET ADDRESS 34210
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME MANASSA, NICHOLAS A.
STREET ADDRESS 2107 22ND AVE W
CITY-ST-ZIP BRADENTON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME BROWN, PAUL
STREET ADDRESS 1674 UNIVERSITY PKWY, LOT 66
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

VICTOR N. MANASSA

2/8/2000

941-752-5717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)