

2001 UNIFORM BUSINESS REPORT (UBR)

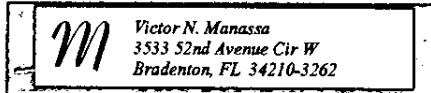
FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90013 047 ****70.00

DOCUMENT # 770303

1. Entity Name

RAINBOW MINISTRIES, INC.



Principal Place of Business

~~4610 86TH ST W~~

3533 52ND AVE CIR W.

BRADENTON FL 34209

US

Mailing Address

~~4610 86TH ST W~~

3533 52ND AVE CIR W.

BRADENTON FL 34209

US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3533 52 AVE CIR W.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34210

Country

USA

City & State

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

M

Victor N. Manassa

3533 52nd Avenue Cir W.

Bradenton, FL 34210-3262

MANASSA, VICTOR N

~~4610 86TH ST W~~

3533-52ND AVE CIR W.

BRADENTON FL 34209

34210

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

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
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	PD	<input type="checkbox"/> Delete
NAME	MANASSA, VICTOR N.	
STREET ADDRESS	3533 52ND AVE CIR W	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MANASSA, CAROL M.	
STREET ADDRESS	3533 52ND AVE CIR W	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MANASSA, NICHOLAS A.	
STREET ADDRESS	2107 22ND AVE W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN, PAUL	
STREET ADDRESS	1674 UNIVERSITY PKWY, LOT 66	
CITY-ST-ZIP	SARASOTA FL	
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	
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: *Victor N. Manassa* 7/19/01

1-941-752-5771

CR2E037 (5/01)