

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-16-2007 90085 048 *****50.00


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RSS

DOCUMENT # F03000001410
1. Entity Name
RAINBOW HOUSING ASSISTANCE CORPORATION



Principal Place of Business: 556 COMMERCIAL STREET, SUITE 300, SAN FRANCISCO, CA 94111
Mailing Address: 556 COMMERCIAL STREET, SUITE 300, SAN FRANCISCO, CA 94111



01302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 30-0108119 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

100107075511
08/01/07--01038--008 **11.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SHERMAN, JOSEPH L 556 COMMERCIAL STREET, SUITE 300 SAN FRANCISCO, CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KOSLOSKY, CHARLES 556 COMMERCIAL STREET, SUITE 300 SAN FRANCISCO, CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERSMITH, GARY 556 COMMERCIAL STREET, SUITE 300 SAN FRANCISCO, CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>ROSENTHAL KEITH</i> SMIRNIOTOPOLOUS, PETER E 556 COMMERCIAL STREET, SUITE 300 SAN FRANCISCO, CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Charles Koslosky* 2207 915 788-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #