

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# F03000001410

Entity Name: RAINBOW HOUSING ASSISTANCE CORPORATION

Current Principal Place of Business:

556 COMMERCIAL STREET, SUITE 300
SAN FRANCISCO, CA 94111 US

New Principal Place of Business:

Current Mailing Address:

556 COMMERCIAL STREET, SUITE 300
SAN FRANCISCO, CA 94111 US

New Mailing Address:

FEI Number: 30-0108119 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: SHERMAN, JOSEPH L
Address: 556 COMMERCIAL STREET, SUITE 300
City-St-Zip: SAN FRANCISCO, CA 94111 US

Title: ED () Delete
Name: JANISSE, FLYNANN
Address: 556 COMMERCIAL STREET, SUITE 300
City-St-Zip: SAN FRANCISCO, CA 94111 US

Title: D () Delete
Name: SILVERSMITH, GARY
Address: 556 COMMERCIAL STREET, SUITE 300
City-St-Zip: SAN FRANCISCO, CA 94111 US

Title: D () Delete
Name: ROSENTHAL, KEITH
Address: 556 COMMERCIAL STREET, SUITE 300
City-St-Zip: SAN FRANCISCO, CA 94111 US

Title: D () Delete
Name: ALLEN, JOSHUA
Address: 556 COMMERCIAL STREET, SUITE 300
City-St-Zip: SAN FRANCISCO, CA 94111 US

Title: D () Delete
Name: ROSEN, EVAN
Address: 556 COMMERCIAL STREET, SUITE 300
City-St-Zip: SAN FRANCISCO, CA 94111 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL JOHNSON

_____ Electronic Signature of Signing Officer or Director

CPA

05/06/2009

_____ Date