

FILE NOW: FILING FEE IS \$61.25 ..

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000001 (6)

1. Corporation Name

Rainbows for All God's Children, Inc.

Principal Place of Business

Mailing Address

1111 Tower Road
Schaumburg, IL 60173

1111 Tower Road
Schaumburg, IL 60173

3. Date Incorporated or Qualified

3a. Date of Last Report

01/03/95

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

36-3262836

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Ware, Maureen
8006 Banyan Street
Ft. Pierce, FL 34957

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Maureen Ware, Registered Director

02/01/96

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME Marta, Suzy Y

STREET ADDRESS 1111 Tower Road

CITY-ST-ZIP Schaumburg, IL 60173

TITLE S ☐ DELETE

NAME Marta, Martin

STREET ADDRESS 30 N LaSalle Street

CITY-ST-ZIP Chicago, IL 60602

TITLE D ☐ DELETE

NAME Cardilli, Norm

STREET ADDRESS 365 Balm Ct.

CITY-ST-ZIP Wood Dale, IL 60191

TITLE D ☐ DELETE

NAME Clausen, Arthur

STREET ADDRESS 321 N. Clark Street

CITY-ST-ZIP Chicago, IL 60610

TITLE D ☐ DELETE

NAME Cullen, James

STREET ADDRESS 915 E. McCormick

CITY-ST-ZIP Lake Forest, IL 60045

TITLE D ☐ DELETE

NAME Hanson, Breck

STREET ADDRESS 120 S. LaSalle Street

CITY-ST-ZIP Chicago, IL 60603

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2.1.96

847-310-1880

CR2E037 (12/95)