

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
Jan 30 1997 8:00am  
Secretary of State

DOCUMENT # F95000000001 (6)

1. Corporation Name

Rainbows for All God's Children, Inc.

Principal Place of Business

Mailing Address

1111 Tower Road  
Schaumburg, IL 601731111 Tower Road  
Schaumburg, IL 601733. Date Incorporated or Qualified  
1/3/95

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

1/17/97

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	Suzy Yehl Marta	
STREET ADDRESS	1111 Tower Road	
CITY- ST- ZIP	Schaumburg, IL 60173	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Martin Marta	
STREET ADDRESS	30 N. LaSalle Street	
CITY- ST- ZIP	Chicago, IL 60602	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Norm Cardilli	
STREET ADDRESS	365 Balm Ct.	
CITY- ST- ZIP	Wood Dale, IL 60191	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Arthur Clausen	
STREET ADDRESS	135 Park Ave	
CITY- ST- ZIP	Barrington, IL 60010	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Breck Hanson	
STREET ADDRESS	135 S. LaSalle St	
CITY- ST- ZIP	Chicago, IL 60603	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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 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:

Suzy Yehl Marta Suzy Yehl Marta, Pres 1/17/97

847-310-1880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)