

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 09 1998 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000000001 (6)**  
1. Corporation Name

**RAINBOWS FOR ALL GOD'S CHILDREN, INC.**

Principal Place of Business	Mailing Address
<b>1111 TOWER RD SCHAUMBURG IL 60173</b>	<b>1111 TOWER RD SCHAUMBURG IL 60173</b>

3. Date Incorporated or Qualified  
**01/03/95**

4. FEI Number <b>36-3262836</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WARE, MAUREEN  
8006 BANYAN STREET  
FT. PIERCE FL 34957**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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** **03/31/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTA, SUZY Y</b>	
STREET ADDRESS	<b>1111 TOWER RD</b>	
CITY-ST-ZIP	<b>SCHAUMBURG IL 60173</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTA, MARTIN</b>	
STREET ADDRESS	<b>30 N LASALLE ST</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60602</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BREHM, BOB</b>	
STREET ADDRESS	<b>208 S LASALLE ST</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60604</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CARDILLI, NORM</b>	
STREET ADDRESS	<b>365 BALM CT</b>	
CITY-ST-ZIP	<b>WOOD DALE IL 60191</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CULLEN, JAMES</b>	
STREET ADDRESS	<b>915 E MCCORMICK</b>	
CITY-ST-ZIP	<b>LAKE FOREST IL 60045</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CLAUSEN, ARTHUR</b>	
STREET ADDRESS	<b>135 PARK AV</b>	
CITY-ST-ZIP	<b>BARRINGTON IL 60010</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>CLAUSEN, ARTHUR</b>	
1.3 STREET ADDRESS	<b>135 PARK AV</b>	
1.4 CITY-ST-ZIP	<b>BARRINGTON IL 60010</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>HANSON, BRECK</b>	
2.3 STREET ADDRESS	<b>120 S LASALLE ST</b>	
2.4 CITY-ST-ZIP	<b>CHICAGO IL 60603</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SWENSON, MICHAEL D</b>	
3.3 STREET ADDRESS	<b>100 S WACKER DR</b>	
3.4 CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	
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 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 Y Marta* **SUZY Y MARTA** **03/31/98** **847-310-1880**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)