FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90126 045 ****61.25

1999

1. Corporat	JMENI# F93000 ion Name	1000001			
RAINB	OWS FOR ALL GOD'S CHILE	DREN, INC.			
Principal Place of Business Mailing Address					
(· · · · · · · · · · · · · · · · · · ·		1111 TOWER RD.			I KARIKAA IKIA INIAI AKIKI ABIKI
SCHAUMBURG IL 60173 SCHAUMBURG IL 60173		SCHAUMBURG IL 60173			
)					
	Principal Place of Business 2a. Mailing Address		DD		3. Date Incorporated or Qualifed 01/03/1995
	2100 GOLF RD 26 2100 GOLF RD Suite, Apt. #, etc. Suite, Apt. #, etc.		RD		4. FEI Number Applied For
	STE #370 STE #370				36-3262836 Not Applicable
City & S	city & State City & State				5. Certificate of Status Desired \$8.75 Additional
	LING MEADOWS IL				Fee Required
Zip 24 600	Country Zip Country 8-423 25 USA 29 60008-423 36		Country 딦 []	SA	6 Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24 000	9. Name and Address of Curren				10. Name and Address of New Registered Agent
			81	Name	
WARE, MAUREEN			82	Street /	Address (P.O. Box Number is Not Acceptable)
8006 BANYAN STREET			83		
FT PIERCE FL 34951			L		
			84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorities to the contraction of the				e-named	corporation submits this statement for the purpose of changing its registered
office of agent.	or registered agent, or both, in the State I am familiar with, and accept the obliga	of Florida. Such change was autitions of, Section 617.0503, Florid	la Statutes	ше согрс	poration s board of directors. Thereby accopt the appointment as regions as
SIGNATUR	E				required when reinstating) DATE
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	egistered Ager	nt signature n	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARTA, SUZY Y		1.2 NAME		
STREET ADDRE	Oblicad Title 14 Val. 1 19		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL 60173		1.4 CITY- S	T-ZIP	Change Addition
TITLE	S MADTA MADTIN	☐ DELETE	2.1 TITLÉ		C Strange C Addition
NAME	Marta, Martin SS 30 N. Lasalle St.		2.2 NAME	T ADDRESS	,
STREET ADDRE			2.4 CiTY-S	1	`\
CITY-ST-ZIP TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HANSON, BRECK		3.2 NAME		
STREET ADDRE			3.3 STREE	TADDRESS	;
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP	☐ Change ☐ Addition
TITLE	CARDILLI, NORM	T DELETE	4.1 TITLE 4. 2 NAME		
NAME STREET ADDRES	OOF DALL OF		1	TADORESS	
	WOOD BALE II COLOR		4.4 CITY-S		
TITLE	D	☐ DELETE			☐ Change ☐ Addition
NAME	OVEROOM, MICHAEL D		5.2 NAME		
STREET ADDRE				T ADDRESS	;
CITY-ST-ZIP	CHICAGO IL 60606	☐ DELETE	5.4 CITY-S 6.1 TITLE	11-ZIP	Change Addition
NAME	CLAUSEN, ARTHUR	□ bereie	6.2 NAME		
STREET ADDRE	405 DADI/ 11/5			TADDRESS	5

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

BARRINGTON IL 60010

841.952-1710