


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90010 026 ****70.00

DOCUMENT # F95000000001 1. Entity Name RAINBOWS FOR ALL GOD'S CHILDREN, INC.					
Principal Place of Business 2100 GOLF RD STE 370 ROLLING MEADOWS, IL 60008-4231			Mailing Address 2100 GOLF RD STE 370 ROLLING MEADOWS, IL 60008-4231		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36-3262836	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRAMENZ, KAREN G 7138 LAKE WORTH RD #102 LAKE WORTH, FL 33467			Name ELIZABETH MITCHELL Street Address (P.O. Box Number is Not Acceptable) 4518 MINK WAY City SARASOTA FL Zip Code 34235		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE ELIZABETH MITCHELL <i>Elizabeth Mitchell</i> 1/17/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTA, SUZY Y	NAME			
STREET ADDRESS	2100 GOLF ROAD #370	STREET ADDRESS			
CITY-ST-ZIP	ROLLING MEADOWS, IL 60008	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GURRERI, JOSEPH	NAME	CHAIRPERSON		
STREET ADDRESS	525 W MONROE, 12TH FLOOR	STREET ADDRESS	LINDA SARAN		
CITY-ST-ZIP	CHICAGO, IL 60661	CITY-ST-ZIP	25780 W. AUGUST LN		
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CONE, CHARLES	NAME	KENN ASHLEY		
STREET ADDRESS	325 VININGS DRIVE	STREET ADDRESS	1446 WINDCREST DR		
CITY-ST-ZIP	BLOOMINGDALE, IL 60108	CITY-ST-ZIP	DEERFIELD IL 60015		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIESE, JAMES	NAME			
STREET ADDRESS	1117 S MILWAUKEE AV #C-11	STREET ADDRESS			
CITY-ST-ZIP	LIBERTYVILLE, IL 60048	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOLD, JOHN	NAME			
STREET ADDRESS	2000 CLEARWATER DRIVE	STREET ADDRESS			
CITY-ST-ZIP	OAK BROOK, IL 60523	CITY-ST-ZIP			
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BEELER, THOMAS	NAME	S		
STREET ADDRESS	28390 OAK LANE	STREET ADDRESS	MARY KAY THILL		
CITY-ST-ZIP	LIBERTYVILLE, IL 60048	CITY-ST-ZIP	293 CAMBRIDGE RD		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: SUZY Y. MARTA <i>Suzy Y. Marta</i> 1/12/2006 847-952-1770 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					