

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90021 001 ****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
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50000550



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01112007 Chg-NP CR2E037 (12/06)

4. FEI Number
36-3262836

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent	
MITCHELL, ELIZABETH 4518 MINK WY SARASOTA, FL 34235	

7. Name and Address of New Registered Agent	
Name CAROLE GINZL	
Street Address (P.O. Box Number is Not Acceptable)	
8722 AUTUMN GREEN DR	
City JACKSONVILLE	FL 32256

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 Carole Ginzl DATE Jan. 16, 2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTA, SUZY Y 2100 GOLF ROAD #370 ROLLING MEADOWS, IL 60008 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SARAH, LINDA 25780 W AUGUST LN LAKE ZURICH, IL 60047 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK JOHNSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 131 S. DEARBORN ST. STE 2400 CHICAGO IL 60603-5577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASHLEY, KENN 1446 WINDCREST DR DEERFIELD, IL 60014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIESE, JAMES 1117 S MILWAUKEE AV #C-11 LIBERTYVILLE, IL 60048 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FREDERICK NEIL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 N. MILWAUKEE AVE. VERNON HILLS IL 60061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THILL, MARY K 293 CAMBRIDGE RD DES PLAINES, IL 60016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARL SKOOG <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 111 E. BUSSE AVE MOUNT PROSPECT IL 60056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN BLACKBURN 225 W. WACKER DR. 17TH FLOOR CHICAGO IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 SUZ Y. MARTA 1/11/2007 847-952-1770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #