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FILED

May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J00115 (2)

1. Corporation Name

RAINBOW VILLAGE LEARNING CENTER, INC.

Principal Place of Business

Mailing Address

% JAMES L. BROWN

841 N. EUGALYPTUS ST. 841 N. EUGALYPTUS ST.

SEBRING FL 33870

SEBRING, FL 33870

% JAMES L. BROWN

841 N. EUGALYPTUS ST. P.O. Box 1649

SEBRING FL 33870 AVON PARK, FL.

33826



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

02/19/1986

4. FEI Number

59-2640965

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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9. Name and Address of Current Registered Agent

LOBOZZO, JAMES V., JR.  
329 S. COMMERCE AVENUE  
SEBRING FL 33870

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BROWN, BARBARA  
STREET ADDRESS 821 LAKE ANGELO DR.  
CITY-ST-ZIP AVON PARK FL

TITLE VS ☐ DELETE

NAME BROWN, BARBARA  
STREET ADDRESS 821 LAKE ANGELO DRIVE  
CITY-ST-ZIP AVON PARK FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME President  
1.3 STREET ADDRESS Barbara BROWN  
1.4 CITY-ST-ZIP P.O. Box 1649  
AVON PARK, FL 33826 (N/A)

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Vice President  
2.3 STREET ADDRESS JAMES L. BROWN SR.  
2.4 CITY-ST-ZIP P.O. Box 1649  
AVON PARK, FL 33826 (N/A)

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

JAMES L. BROWN SR.

11/11/98

910 115-0327

CR2E034 (1097)