

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001769

FILED  
Apr 12, 2005  
Secretary of State

**Entity Name:** RAINBOW OF HOPE-DREAM CENTER, INC.

**Current Principal Place of Business:**

17623 HOMESTEAD AVENUE  
MIAMI, FL 33157 US

**New Principal Place of Business:**

**Current Mailing Address:**

17623 HOMESTEAD AVE  
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number:** 65-1130207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, STEPHANYE  
12519 SW 94 TER  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: MALONE, CARLOS L BIS SR  
Address: 8421 S.W. 183RD ST.  
City-St-Zip: MIAMI, FL 33157

Title: VP ( ) Delete  
Name: GODWIN, HENRY C  
Address: 7701 SW 181ST TERRACE  
City-St-Zip: MIAMI, FL 33157 US

Title: D ( ) Delete  
Name: GARNETT, ROBERT  
Address: 12634 SW 211 TERRACE  
City-St-Zip: MIAMI, FL 33177

Title: D ( ) Delete  
Name: GATLIN, MARILYN  
Address: 10150 WEST FERN STREET  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: JOHNSON, STEPHANYE  
Address: 12519 SW 94TH TERRACE  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: MERIT, PATRICK  
Address: 11401 SW 147TH STREET  
City-St-Zip: MIAMI, FL 33176 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: MALONE, CARLOS L BIS SR  
Address: 14440 LINCOLN BLVD  
City-St-Zip: MIAMI, FL 33176

Title: D (X) Change ( ) Addition  
Name: BECKFORD, JANITA  
Address: 17623 HOMESTEAD AVE  
City-St-Zip: MIAMI, FL 33157 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANYE JOHNSON

DIR

04/12/2005

Electronic Signature of Signing Officer or Director

Date