

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005089

FILED
Aug 18, 2007
Secretary of State

Entity Name: RAINBOW COVENANT COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

1120 NORTH 6TH AVENUE
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

1120 NORTH 6TH AVENUE
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 16-1658083 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, MICHAEL J SR.
1120 NORTH 6TH AVENUE
PENSACOLA, FL 32503 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: DP () Delete
Name: JOHNSON, MICHAEL J SR.
Address: 1120 NORTH 6TH AVENUE
City-St-Zip: PENSACOLA, FL 32503

Title: DV () Delete
Name: ELLIS, JOSEPH
Address: 1712 EAST BOBE STREET
City-St-Zip: PENSACOLA, FL 32503

Title: DV () Delete
Name: DARDEN, OLIVER
Address: 4184 EAST MADURA ROAD
City-St-Zip: GULF BREEZE, FL 32561

Title: DV () Delete
Name: KEYS, ANTIONETTE
Address: 608 EAST LLOYD STREET
City-St-Zip: PENSACOLA, FL 32503

Title: DV () Delete
Name: ROBINSON, JEROME
Address: 413 EAST BRAINERD STREET
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL J. JOHNSON

PD

08/18/2007

Electronic Signature of Signing Officer or Director

Date