


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90036 024 ****70.00

DOCUMENT # N03000000139 1. Entity Name RAINBOW MINISTRIES INTERNATIONAL, INC.					
Principal Place of Business 619 WOOD DRIVE BROOKSVILLE, FL 34601				Mailing Address 619 WOOD DRIVE BROOKSVILLE, FL 34601	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03152004 Chg-NP CR2E037 (10/03) 4. FEI Number 320051786 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		
CARR, BEATRICE 619 WOOD DRIVE BROOKSVILLE, FL 34601			Name Street Address (P.O. Box Number is Not Acceptable) TATE City D FL Zip Code		
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 _____ <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, 2004		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARR, BEATRICE PASTOR	NAME			
STREET ADDRESS	619 WOOD DRIVE	STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE, FL 34601	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MYERS, MARVIN E	NAME			
STREET ADDRESS	1029 CHARMING FARE COURT	STREET ADDRESS			
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COHEN, FRED	NAME			
STREET ADDRESS	14106 LONEWOOD PL	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33625	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MYERS, MONIQUE	NAME			
STREET ADDRESS	1029 CHARMING FARE COURT	STREET ADDRESS			
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 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: Beatrice Carr <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
4-5-04 813-973-3052 <small>Date Daytime Phone #</small>					