

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # N03000000139

1. Entity Name  
RAINBOW MINISTRIES INTERNATIONAL, INC.



04-18-2005 90712 001 \*\*\*\*66.25  
04-18-2005 90712 002 \*\*\*\*\*8.95

Principal Place of Business

619 WOOD DRIVE  
BROOKSVILLE, FL 34601

Mailing Address

1029 CHARMINGFARE COURT  
WESLEY CHAPEL, FL 33543



01182005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

32-0051786

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARR, BEATRICE  
619 WOOD DRIVE  
BROOKSVILLE, FL 34601

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARR, BEATRICE PASTOR
STREET ADDRESS	619 WOOD DRIVE
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	D
NAME	MYERS, MARVIN E
STREET ADDRESS	1029 CHARMING FARE COURT
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	D
NAME	COHEN, FRED
STREET ADDRESS	14106 LONEWOOD PL
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	STD
NAME	MYERS, MONIQUE
STREET ADDRESS	1029 CHARMING FARE COURT
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	TRU
NAME	STARLING, DARRELL
STREET ADDRESS	11312 B 52ND STREET #17
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	T
NAME	STARLING, BETTY
STREET ADDRESS	11312 B 52ND STREET #17
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617

**DO NOT WRITE  
IN THIS SPACE**

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 - Beatrice Carr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-12-05 (335) 799-0578*

Date

Daytime Phone