


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90311 044 ****70.00

DOCUMENT # N03000000139	
1. Entity Name RAINBOW MINISTRIES INTERNATIONAL, INC.	

Principal Place of Business 619 WOOD DRIVE BROOKSVILLE FL 34601	Mailing Address 1029 CHARMINGFARE COURT WESLEY CHAPEL FL 33543
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2. Principal Place of Business 619 Wood Dr. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Brooksville, Florida	City & State
Zip 34601-3507	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 32-0051786	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARR, BEATRICE 619 WOOD DRIVE BROOKSVILLE FL 34601	7. Name and Address of New Registered Agent Name: Beatrice Carr Street Address (P.O. Box Number is Not Acceptable): 619 Wood Dr. City: Brooksville State: FL Zip Code: 34601
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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: Beatrice Carr

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-06

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARR, BEATRICE PASTOR 619 WOOD DRIVE BROOKSVILLE FL 34601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MYERS, MARVIN E 1029 CHARMING FARE COURT WESLEY CHAPEL FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COHEN, FRED 14106 LONEWOOD PL TAMPA FL 33625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MYERS, MONIQUE 1029 CHARMING FARE COURT WESLEY CHAPEL FL 33543 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRU STARLING, DARRELL 11312 B 52ND STREET #17 TEMPLE TERRACE FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STARLING, BETTY 11312 B 52ND STREET #17 TEMPLE TERRACE FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

4-14-06-3201786-0578