

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90040 006 ****70.00

DOCUMENT # N04000004685

1. Entity Name
UNDER OUR RAINBOW, INC.



Principal Place of Business
75 NW 45TH AVE., STE. 208
DEERFIELD BEACH, FL 33442-9396

Mailing Address
75 NW 45TH AVE., STE. 208
DEERFIELD BEACH, FL 33442-9396

60031504



2. Principal Place of Business
6951 NW 18TH COURT
Suite, Apt. #, etc.

3. Mailing Address
6951 NW 18TH COURT
Suite, Apt. #, etc.

04092005 Chg-NP CR2E037 (10/03)

City & State
MARGATE FL
Zip **33063** Country

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MARGATE FL
Zip **33063** Country

4. FEI Number
20-1094619
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CIOFFI, DONNA L
75 NW 45TH AVE., STE. 208
DEERFIELD BEACH, FL 33442-9396

7. Name and Address of New Registered Agent

Name **DONNA L. CIOFFI**
Street Address (P.O. Box Number is Not Acceptable)
6951 NW 18TH COURT
City **MARGATE** FL Zip Code **33063**

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

VP/SECRETARY/TREASURER **4/10/05**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CIOFFI, DONNA L
75 NW 45TH AVE., STE. 208
DEERFIELD BEACH, FL 334429396 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EVENSEN, MARK H
2205 VISTA ROYAL WAY
SPRING HILL, FL 34606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GAMBINO, CARMELLA
4745 SATINWOOD TRAIL
COCONUT CREEK, FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DONNA L CIOFFI
6951 NW 18TH COURT
MARGATE FL 33063 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP/SECRETARY/TREASURER **4/10/05** **954-9-1945**