

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000008767 1. Entity Name RAINBOW OF HOPE WORSHIP CENTER, INC.					
Principal Place of Business 356 BAYFRONT TERR SEBASTIAN, FL 32958			Mailing Address 356 BAYFRONT TERR SEBASTIAN, FL 32958		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0879100	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DOUGLAS, EUGENE E 356 BAYFRONT TERR SEBASTIAN, FL 32958				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				5. Additional Fee Required \$8.75	
SIGNATURE <i>Eugene E Douglas</i> Eugene E Douglas		DATE 2/25/08			
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, EUGENE E 356 BAYFRONT TERR SEBASTIAN, FL 32958		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800119551868 03/06/08--01019--005 **131.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, KEITH 369 8TH AVE SW VERO BEACH, FL 32962		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, LINDA P.O. BOX 1051 WABASSO, FL 32970		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, LILLIAN FAYE P.O. BOX 489 WABASSO, FL 32970		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Eugene E Douglas</i> EUGENE E Douglas			DATE 2/25/08		Daytime Phone # 7735590669

FILED

08 FEB 28 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01312008 REIN-NP CR2E099 (1/07)

4. FEI Number
01-0879100

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
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 *Eugene E Douglas* Eugene E Douglas
DATE **2/25/08**

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