

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2009**  
**Secretary of State**

DOCUMENT# N08000003505

Entity Name: RAINBOW HEIGHTS INCORPORATION, INC.

**Current Principal Place of Business:**

3618 EAST GENESEE STREET  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

3618 EAST GENESEE STREET  
TAMPA, FL 33610

**New Mailing Address:**

FEI Number: 41-2149353      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JACKSON, GLADYS F  
2101 E 24TH AVE UNIT B  
TAMPA, FL 33605      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: ACREE, ESTELLA  
Address: 3618 EAST GENESEE STREET  
City-St-Zip: TAMPA, FL 33610

Title: V      ( ) Delete  
Name: JACKSON, GLADYS  
Address: 2101 E 24TH AVE UNIT B  
City-St-Zip: TAMPA, FL 33605

Title: S      ( ) Delete  
Name: JOHNSON, SHERLY  
Address: 4302 N 39TH ST  
City-St-Zip: TAMPA, FL 33610

Title: AS      ( ) Delete  
Name: JACQUELYN, WALKER  
Address: 4514 N COURTLAND ST  
City-St-Zip: TAMPA, FL 33610

Title: T      ( ) Delete  
Name: HENDERSON, LILLIAN  
Address: 3407 EAST GENESEE STREET  
City-St-Zip: TAMPA, FL 33610

Title: AT      ( ) Delete  
Name: SMITH, JOHNNIE M  
Address: 3633 E GENESEE ST  
City-St-Zip: TAMPA, FL 33610

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S      (X) Change ( ) Addition  
Name: JOHNSON, SHERYL  
Address: 4302 N 39TH ST  
City-St-Zip: TAMPA, FL 33610

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERYL JOHNSON

S

02/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date