

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007415

FILED
Apr 22, 2009
Secretary of State

Entity Name: SUNSHINE RAINBOW CHARITY INCORPORATED

Current Principal Place of Business:

471 EAST WALDO STREET
GROVELAND, FL 34756

New Principal Place of Business:

Current Mailing Address:

471 EAST WALDO STREET
GROVELAND, FL 34756

New Mailing Address:

FEI Number: 90-0405547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TURPIN, PARISH
471 EAST WALDO STREET
GROVELAND, FL 34756 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: P () Delete
Name: TURPIN, PARISH
Address: PO BOX 121749
City-St-Zip: CLERMONT, FL 34712

Title: VP () Delete
Name: MOODY, VANESSA
Address: 140 GLEN HOLLY DR
City-St-Zip: ROSWELL, GA 30076

Title: DIR () Delete
Name: FRANKLIN, AYANNA
Address: 8415 HARTH DR SUITE 25
City-St-Zip: HOUSTON, TX 77054

Title: DIR () Delete
Name: BROWN, AYISHA
Address: 1315 WEST 18 AVE SUITE 2
City-St-Zip: EUGENE, OR 97402

Title: DIR () Delete
Name: WILSON, ESSIE
Address: 1123 KILDARE
City-St-Zip: HOUSTON, TX 77047

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: PARISH TURPIN

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date