## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. hiortham

Secretary of State • DIVISION OF CORPORATIONS

1996 DOCUMENT #

N19981

(2)

PROJECT RAINBOW SARASOTA/MANATEE, INC.

Principal Place of Business															
Principal Place of Business Mailing Address															
2950 8TH ST   2950 8TH ST   SARASOTA FL 34237   SARASOTA FL 34237   US   US															
										3. Date Incorporated or Qualified 3a. Date of Last Report 04/06/1987 03/24/1995					
Ь.	Principal Pla	Principal Place of Business			2a. Mailing Address					4. FEI Number	90c			Applied For	
21	Puito Ant	Suite, Apt. #, etc.			26					59-2842	390			Not Applicable	
22	]			Suite, Apt. #, etc.						5. Certificate of Sta	itus Desired	Fee Required			
23	City & State				City & State					6. Election Campai Trust Fund Cont					
24	Zip	Country 25			Zip Co					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				s. 199.032,	
	Name and Address of Current Registered Agent									10. Name and Add	ress of New Re	gistered A	gent		
								Nam	е						
HOLWAY FLOYD J.								Stree	et Addres	ss (P.O. Box Number i	s Not Acceptable	<del>)</del> )			
* 6404 MANATEE AVE. WEST STE. L Bradenton FL FL 34209															
	·	TON TET	L 04209				84	014					11 -		
							84	City				FL	85 Z	ip Code	
a 16	<ol> <li>Pursuant t or register</li> </ol>	o the provision	ons of Sections 617,0502 both, in the State of Florid	and 617.150	08, Florida Statute	ve-n	amed	corporat	on submits this stater	ment for the purp	ose of char	nging its	registered office		
	familiar wit	th, and accer	both, in the State of Florid of the obligations of, Section	on 617.0503	3, Florida Statutes		V. (r.			or an octors, thorough	assopt the appe	TID TID TIL GO	ogisto-0	o agom: . o	
, SI	GNATURE .	Slovet ro, typodi	or printed name of registered agent a	and the if applica	this MIO	The Domestered	Acion*	eiouratue	n econ end a	dren renstating"		DATE			
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

63 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

531 S PINEAPPLE AVE #2

SARASOTA FL

**FILED** 

Secretary of State

Apr 01 1996 8:00 am

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