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FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19981 (2)

1. Corporation Name

PROJECT RAINBOW SARASOTA/MANATEE, INC.

Principal Place of Business

Mailing Address

2950 8TH ST
SARASOTA FL 34237
US2950 8TH ST
SARASOTA FL 34237-3602
US3. Date Incorporated or Qualified
04/06/19873a. Date of Last Report
04/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLWAY, FLOYD J
6404 MANATEE AVE. WEST STE. L
BRADENTON FL FL 34209

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CT	<input checked="" type="checkbox"/> DELETE
NAME	ANDROY, JOVONNIE	
STREET ADDRESS	1001 3RD AVENUE WEST SUITE 373	
CITY-ST-ZIP	BRADENTON FL 34205	

1.1 TITLE	C/Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Harvey Smell	
1.3 STREET ADDRESS	1819 Main St., Suite 201	
1.4 CITY-ST-ZIP	Sarasota, FL 34237	

TITLE	T	<input type="checkbox"/> DELETE
NAME	HOLWAY, FLOYD	
STREET ADDRESS	6404 MANATEE AVENUE WEST SUITE L	
CITY-ST-ZIP	BRADENTON FL 34209	

2.1 TITLE	V/Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bill Folz	
2.3 STREET ADDRESS	2015 Main St.	
2.4 CITY-ST-ZIP	Sarasota, FL 34237	

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	LAWRENCE, DAN	
STREET ADDRESS	1845 LINCOLN DRIVE	
CITY-ST-ZIP	BRADENTON FL 34236	

3.1 TITLE	S/Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Denise Ball	
3.3 STREET ADDRESS	1729 Caribbean Drive	
3.4 CITY-ST-ZIP	Sarasota, FL 34231	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PROFANT, MICHELLE	
STREET ADDRESS	531 SOUTH PINEAPPLE AVENUE #2	
CITY-ST-ZIP	SARASOTA FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0063364

CR2E037 (9/96)