

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB -4 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # # N34583

1. Corporation Name

RAINBOW TRUNK THEATER, INC.

Principal Place of Business

Mailing Address

Suite 331

Suite 331

Paradise Plaza
Sarasota, FL 34239

REINSTATEMENT 99-00

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

22 Suite 331

27 Suite, Apt. #, etc.

65-0815611

Not Applicable

23 City & State

28 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

Sarasota, FL

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

34239 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

William G. Galbreath, Ph.D.
3425 Tangelwood Dr.
SARA, FL 34239

81 Name Christina A. Winsey, D.C.
82 Street Address (P.O. Box Number is Not Acceptable) 5703 Summerside Lane
83
84 City Sarasota FL 85 Zip Code 34231

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 Dr. Christina A. Winsey DR. CHRISTINA A. WINSEY 12/13/99
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 ST/D Judith Klein ☒ DELETE
NAME Secretary, TREASURER, Director
STREET ADDRESS
CITY-ST-ZIP
TITLE T Trustee ☒ DELETE
NAME KEVIN O'BRIEN
STREET ADDRESS
CITY-ST-ZIP
TITLE ST/D Judith Griffin ☒ DELETE
NAME 5669 Country Lakes Dr.
STREET ADDRESS Sarasota, FL 34243
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE M. B. DR. CHRISTINA A. WINSEY ☐ Change ☒ Addition
1.2 NAME EXECUTIVE DIRECTOR (M.B.)
1.3 STREET ADDRESS 5703 SUMMERSIDE LANE
1.4 CITY-ST-ZIP SARASOTA, FL 34231
2.1 TITLE ST/D Lori McPadden ☐ Change ☒ Addition
2.2 NAME 4529 Park Lake Terrace
2.3 STREET ADDRESS Bradenton, FL 34709
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE V.P.D. ☒ Change ☐ Addition
5.2 NAME William G. Galbreath
5.3 STREET ADDRESS 3425 Tangelwood Dr.
5.4 CITY-ST-ZIP Sarasota, FL 34239
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Dr. Christina A. Winsey 12/13/99 (941) 927-3968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)