FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED
95 ... 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35581 (0)

1. Corporation Name
RAINBOW CENTER, INCORPORATED

Principal Place of Business:
% ANA M VILLAR
717 INGLESIDE AVENUE
TALLAHASSEE FL 32303-6420
US

Mailing Address:
% ANA M VILLAR
717 INGLESIDE AVENUE
TALLAHASSEE FL 32303-6420
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 57-0902185 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

VILLAR, ANA M.
717 INGLESIDE AVENUE
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ____________________ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	VILLAR, ANA M.	1.2 NAME	
STREET ADDRESS	717 INGLESIDE AVE	1.3 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	1.4 CITY ST ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	OGDEN, KEVIN B.	2.2 NAME	
STREET ADDRESS	717 INGLESIDE AVENUE	2.3 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	2.4 CITY ST ZIP	
TITLE	SD	3.1 TITLE	D [X] Change ☐ Addition
NAME	CAMBEIRO, EDUARDO	3.2 NAME	Cambeiro, Eduardo
STREET ADDRESS	505 S WOODWARD AVE	3.3 STREET ADDRESS	535 East Van Buren
CITY ST ZIP	TALLAHASSEE FL	3.4 CITY ST ZIP	Tallahassee, FL 32301
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	MORAN, CHRISTOPHER H.	4.2 NAME	
STREET ADDRESS	1918 VINELAND LANE	4.3 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	S/D [X] Change ☐ Addition
NAME	CLIFFORD, JACK	5.2 NAME	Carpenter, Drucilla
STREET ADDRESS	505 SOUTH WOODWARD AVE	5.3 STREET ADDRESS	1430 Lucy Street
CITY ST ZIP	TALLAHASSEE FL	5.4 CITY ST ZIP	Tallahassee, FL 32308
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	PALUMBO, JOHN	6.2 NAME	
STREET ADDRESS	RT 5 BOX 2568	6.3 STREET ADDRESS	
CITY ST ZIP	CRAWFORDVILLE FL	6.4 CITY ST ZIP	

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.

SIGNATURE: Ana M. Villar — Ana M. Villar, President — 4/27/95 — (904) 681-0190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002191