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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N35581

(0)

RAINBOW CENTER, INCORPORATED

Principal Place of Business Mailing Address						(01 MO) 010 (1 010 (1 01)	AL OLDER SHOULD IDEA IODA	
% ana m villar 717 ingleside avenue Tallahassee fl 32303-6420 US		% ana m villar 717 ingleside avenue Tallahassee fl 32303-6420 US			Date Incorporated or Qualified 12/08/1989		Last Report 01/1995	
2. Principal Place of Business		2a. Mailing Address 26			4. FEI Number 57-0902185		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	A '	8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	\$	5.00 May Be	
Zip Country		28			Trust Fund Contribution		Added to Fees	
Z _I P 24]	Country 25	Zip 29	— ·		This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
•••	9. Name and Address of Current		30	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New I		ıt	
				1 Name		10810100 118011		
VILLAR, ANA M. 717 INGLESIDE AVENUE TALLAHASSEE FL 32303				12 Street 13 City	Address (P.O. Box Number is Not Acceptal	FL 85	Zip Code	
familiar wit	o the provisions of Sections 617.0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Section Styrature, typed or printed name of registerial agent a	a. Such change was authori, on 617.0503, Florida Statute:	zed by the co s.	rporation's	orporation submits this statement for the pu board of directors. I hereby accept the app	rpose of changing pointment as regist] its registered office tered agent. I am	
12.	OFFICERS AND		JIE Registered A	gent signature i	required when reinstating) ADDHIONS/CHANGES TO OFF	DATE FICERS AND CIRE	CIODS IN 19	
TITLE	PD	DELETE	11 111		7. TOTAL OF THIS CO.	□ Cha		
NAME	VILLAR, ANA M.		1.2 NAM	E		—	a. C	
STREET ADDRESS	717 INGLESIDE AVE		1 3 STR	ET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CrTY	-ST-ZIP				
TITLE	VD	∑ DELETE	2 1 TiTL		D	☐ Cha	ange 🗶 Addition	
NAME STREET ADDRESS	OGDEN, KEVIN B. 717 INGLESIDE AVENUE			ET ADDRESS	Halleck, Wendy 105 Glenview Drive			
TITLE	TALLAHASSEE FL D	DELETE	2 4 CIT	/-ST-ZIP	Tallahassee, FL 3230	3	non Maddison	
NAME	CAMBEIRO, EDUARDO	Dettere	3 2 NAM		V/D	Cha	ange Addition	
STREET ADDRESS	535 EAST YAN BUREN			ET ADDRESS	Cambeiro, Eduardo			
CITY-ST-ZIP	TALLAHASSEE FL			-ST-ZIP	535 East Van Buren			
TITLE	TD	DELETE	4.1 TITLE		D	Cha	ange 🔥 Addition	
NAME	MORAN, CHRISTOPHER H.		4. 2 NAN	16	Scruggs Morgan, Stacy		-	
STREET ADDRESS	1918 VINELAND LANE		4 3 STR8	ET ADORESS	1518 Yancey Street			
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CHTY	-ST-ZIP	Tallahassee, FL 3230:	3		
TITLE	SD	☐ DELETE	5 1 TITLE		C/D	▼ Cna	ange Addition	
NAME	CARPENTER, DRUCILLA		5.2 NAM	E	Carpenter, Drucilla			
STREET ADDRESS	1430 LUCY STREET		53 STRE	ET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL	Tos: etc.	5 4 CITY					
TITLE	D DATEMANO TOTAL	□DELĒTE	6 1 TITLE		S/D	Æ Cha	ange 🗌 Addition	
NAME OTOTET ADDDGGG	PALUMBO, JOHN		6.2 NAM		Palumbo, John			
STREET ADDRESS	RT 5 BOX 2568			ET ADDRESS	59 Lauderdale Lane			
14. Ldo hereby	CRAWFORDVILLE FL certify that the information supplied w	ith this filing is voluntarily for		-ST-ZIP Nes not qua	Crawfordville, FL 323	07(3)(k) Florida S	talutes I further	
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: Jan M. July Ana M. Villar SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 904/681-0180