

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N35581 (0)

1. Corporation Name

RAINBOW CENTER, INCORPORATED



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

12/08/1989

3a. Date of Last Report

05/01/1995

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

4. FEI Number

57-0902185

Applied For
Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VILLAR, ANA M.
717 INGLESIDE AVENUE
TALLAHASSEE FL 32303

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 1996

TITLE

PD

☐ DELETE

NAME

VILLAR, ANA M.

STREET ADDRESS

717 INGLESIDE AVE

CITY-ST-ZIP

TALLAHASSEE FL

TITLE

VD

☒ DELETE

NAME

OGDEN, KEVIN B.

STREET ADDRESS

717 INGLESIDE AVENUE

CITY-ST-ZIP

TALLAHASSEE FL

TITLE

D

☐ DELETE

NAME

CAMBEIRO, EDUARDO

STREET ADDRESS

535 EAST VAN BUREN

CITY-ST-ZIP

TALLAHASSEE FL

TITLE

TD

☐ DELETE

NAME

MORAN, CHRISTOPHER H.

STREET ADDRESS

1918 VINELAND LANE

CITY-ST-ZIP

TALLAHASSEE FL

TITLE

SD

☐ DELETE

NAME

CARPENTER, DRUCILLA

STREET ADDRESS

1430 LUCY STREET

CITY-ST-ZIP

TALLAHASSEE FL

TITLE

D

☐ DELETE

NAME

PALUMBO, JOHN

STREET ADDRESS

RT 5 BOX 2568

CITY-ST-ZIP

CRAWFORDVILLE FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

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SIGNATURE:

Ana M. Villar

Ana M. Villar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

904/681-0180

Daytime Phone

CR2E037 (12/95)