


FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 % ANA M VILLAR 717 INGLESIDE AVENUE TALLAHASSEE FL 32303-6420 US		Mailing Address % ANA M VILLAR 717 INGLESIDE AVENUE TALLAHASSEE FL 32303-6420 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 12/08/1989		3a. Date of Last Report 05/01/1996	
4. FEI Number 57-0902185		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	VILLAR, ANA M.		
STREET ADDRESS	717 INGLESIDE AVE		
CITY - ST - ZIP	TALLAHASSEE FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	HALLECK, WENDY		
STREET ADDRESS	105 GLENVIEW DR		
CITY - ST - ZIP	TALLAHASSEE FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	CAMBEIRO, EDUARDO		
STREET ADDRESS	535 EAST YAN BUREN		
CITY - ST - ZIP	TALLAHASSEE FL		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	MORAN, CHRISTOPHER H.		
STREET ADDRESS	1918 VINELAND LANE		
CITY - ST - ZIP	TALLAHASSEE FL		
TITLE	CD	<input type="checkbox"/> DELETE	
NAME	CARPENTER, DRUCILLA		
STREET ADDRESS	1430 LUCY STREET		
CITY - ST - ZIP	TALLAHASSEE FL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	PALUMBO, JOHN		
STREET ADDRESS	RT 5 BOX 2568		
CITY - ST - ZIP	CRAWFORDVILLE FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 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 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: <i>[Signature]</i>		REQUIRED 4/30/97 (904) 681-0180	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/96)

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Additional Directors:

TITLE	D
NAME	Stacy Scruggs Morgan
STREET ADDRESS	1518 Yancey Street
CITY-ST-ZIP	Tallahassee, FL 32303

TITLE	D
NAME	Charlene D. Lewis
STREET ADDRESS	702 Campbell Street
CITY-ST-ZIP	Tallahassee, FL 32301