

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N39225** (0)

1. Corporation Name

**RAINBOW REUNION, INC.**

Principal Place of Business

Mailing Address

1818 AUSTRALIAN AVE S.  
SUITE 202 COMMERCE POINT  
WEST PALM BEACH FL 33409  
US

1818 AUSTRALIAN AVENUE SOUTH  
SUITE 202 COMMERCE POINT  
WEST PALM BEACH FL 33409  
US



3. Date Incorporated or Qualified  
**07/18/1990**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**65-0263201**

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

2. Principal Place of Business

2a. Mailing Address

21 **3329 Wilson Street**

26 **3329 Wilson Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **St. James Episcopal**

27 **St. James Episcopal**

City & State

City & State

23 **Hollywood, Fl.**

28 **Hollywood, Fl.**

Zip

Zip

24 **33021** 25 **USA**

29 **33021** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROOME, WILLIAM R.H.  
1818 AUSTRALIAN AVENUE SOUTH  
SUITE 202 COMMERCE POINT  
WEST PALM BEACH FL 33409

81 Name

**Dot Fields**

82 Street Address (P.O. Box Number is Not Acceptable)

**46 St. James Episcopal Church**

83

**3329 Wilson Street**

84 City

**Hollywood**

**FL**

85 Zip Code  
**33021**

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

*Dot Fields*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/25/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **STREHLOW, ROGER H.**  
STREET ADDRESS **1242 WYNDCLIFF DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **PHILIPPONA, DERK**  
STREET ADDRESS **208 2ND COURT**  
CITY-ST-ZIP **PALM BEACH GARDENS FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **MEEKER, FRED**  
STREET ADDRESS **3055 N.E. LAKE AVENUE**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **DUNKER, MAKR**  
STREET ADDRESS **12354 SAWGRASS COURT**  
CITY-ST-ZIP **WEST PALM BEACH FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **FIELDS, DOT**  
STREET ADDRESS **10302 S.W. 16TH COURT**  
CITY-ST-ZIP **PEMBROKE PINES FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **VAUGHN, THOMAS**  
STREET ADDRESS **3635 DAPHNE AVENUE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL**

6.1 TITLE ☒ Change ☐ 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 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: *Roger H. Strehlow* **Roger H. Strehlow** **5/23/96** **407-793-5129**  
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)