## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40220

Entity Name: COMMUNITY RAINBOWS, INC.

**FILED** May 15, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2720 PARK STREET 2720 PARK STREET

227

JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32205 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 40915

JACKSONVILLE, FL 32203 US

FEI Number: 59-3033244 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OFFICE OF PRESIDENT 2720 PARK STREET

JACKSONVILLE, FL 32204 US

**OFFICERS AND DIRECTORS:** 

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Name:

Electronic Signature of Registered Agent Date

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

SHANE, DENMARK M DENMARK, SHANE M Name: Name: Address: 7926 WESTPORT BAY CT. Address: 7926 WESTPORT BAY CT. City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32244

(X) Change ( ) Addition Title: ( ) Delete Title: DEAN, FOUNTAIN Name: Name: FOUNTAIN, DEAN

Address: 1124 RIVERIA STREET Address: 1124 RIVERIA STREET City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207

Title: () Delete Title: (X) Change ( ) Addition

SPITALE, STEVE KROEBER, TANYA Name: Name: 2143 HERSCHEL STREET 929 ARKENSTONE DR. Address: Address: City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: JACKSONVILLE, FL 32225

Title: 0 () Delete Title: () Change () Addition

DUKES, TED III Name: 2422 IRONWOOD DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. SHANE DENMARK MR. 05/15/2006