



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90034 013 \*\*\*\*70.00

<b>DOCUMENT # N42578</b> 1. Entity Name <b>ST. AGNES RAINBOW VILLAGE DEVELOPMENT CORPORATION, INC.</b>					
Principal Place of Business <b>P O BOX 012943 (33101) 1750 N.W. 3RD AVENUE MIAMI, FL 33136</b>			Mailing Address <b>P O BOX 012943 (33101) 1750 N.W. 3RD AVENUE MIAMI, FL 33136</b>		
2. Principal Place of Business <b>2031 NW 4th Court</b>		3. Mailing Address <b>2031 NW 4th Court</b>		  02072005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>			
Zip <b>33127</b>	Country <b>Miami-Dade</b>	Zip <b>33127</b>	Country <b>Miami-Dade</b>		
4. FEI Number <b>65-0330502</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LITTLE, JOHN M LEGAL SERVICES OF GREATER MIAMI 3000 BISCAYNE BLVD., SUITE 500 MIAMI, FL 33137</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Angela Williams <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>GILBERT, SHEDBICK (REV)</b>		NAME	<b>344 NW 22nd Street</b>	
STREET ADDRESS	<b>3368 N.W. 51ST TERR</b>		STREET ADDRESS	<b>Miami, FL 33127</b>	
CITY-ST-ZIP	<b>MIAMI, FL</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Elston Davis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>HEPBURN, ANNETTE</b>		NAME	<b>3261 NW 43rd Terrace</b>	
STREET ADDRESS	<b>131 N.W. 104 STREET</b>		STREET ADDRESS	<b>Miami, FL 33142</b>	
CITY-ST-ZIP	<b>MIAMI, FL</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILLIAMS, RACHEL C.</b>		NAME		
STREET ADDRESS	<b>5610 N.W. 10TH AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JENNINGS, WILHELMINA F.</b>		NAME		
STREET ADDRESS	<b>1140 N.W. 86TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33150</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SANDERS, JANIS</b>		NAME		
STREET ADDRESS	<b>17120 N.W. 16TH TERRACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CLEAR, CAROLYN</b>		NAME		
STREET ADDRESS	<b>15620 NW 28TH PLACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OPA LOCKA, FL 33054</b>		CITY-ST-ZIP		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>James M. Gibson, Dir.</u> <i>James M. Gibson</i> <b>March 22, 2005</b> <b>305-573-6885</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CK# 1188