

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90053 026 ****70.00

DOCUMENT # N42578

1. Entity Name

**ST. AGNES RAINBOW VILLAGE DEVELOPMENT
CORPORATION, INC.**



Principal Place of Business

**2031 NW 4TH CT
MIAMI, FL 33127**

Mailing Address

**2031 NW 4TH CT
MIAMI, FL 33127**

40001501



01042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0330502

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LITTLE, JOHN M
LEGAL SERVICES OF GREATER MIAMI
3000 BISCAYNE BLVD., SUITE 500
MIAMI, FL 33137**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIAMS, ANGELA
STREET ADDRESS	344 NW 22ND ST
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	D
NAME	HEPBURN, ANNETTE
STREET ADDRESS	131 N.W. 104 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	WILLIAMS, RACHEL C.
STREET ADDRESS	5610 N.W. 10TH AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	JENNINGS, WILHELMINA F.
STREET ADDRESS	1140 N.W. 66TH ST
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	D
NAME	SANDERS, JANIS
STREET ADDRESS	17120 N.W. 16TH TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	CLEAR, CAROLYN
STREET ADDRESS	15620 NW 28TH PLACE
CITY-ST-ZIP	OPA LOCKA, FL 33054

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/07

305

573-6885