


FILE NOW: FILING FEE IS \$61.25

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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002954 (5)**

1. Corporation Name

RAINBOW BEGINNING MINISTRIES, INC.

Principal Place of Business

Mailing Address

**3290 NORTHWEST 47 STREET
MIAMI FL**

**3290 NORTHWEST 47 STREET
MIAMI FL**

3. Date Incorporated or Qualified

06/15/1994

4. FEI Number

65-0498256

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DREW, MORRIS L
5901 NW 151ST STREET
SUITE 210
MIAMI LAKES FL 33014**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ED	<input type="checkbox"/> DELETE
NAME	STEWART, ADDIE C	
STREET ADDRESS	3290 NORTHWEST 47 STREET	
CITY-ST-ZIP	MIAMI FL 33142	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stewart, Addie C.	
1.3 STREET ADDRESS	3290 Northwest 47th Street	
1.4 CITY-ST-ZIP	Miami, Florida 33142	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, CHARLES	
STREET ADDRESS	5349 NW 190TH STREET	
CITY-ST-ZIP	MIAMI FL 33055	

2.1 TITLE	ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Keye, Aland S.	
2.3 STREET ADDRESS	P.O. Box 5197	
2.4 CITY-ST-ZIP	Miami, Florida 33014 - N/A	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MCKENDRICK, AVARIAN R	
STREET ADDRESS	3824 NW 121ST AVE	
CITY-ST-ZIP	SUNRISE FL 33325	

3.1 TITLE	Operations Office/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Morris L. Drew	
3.3 STREET ADDRESS	5901 Northwest 151st Street, Ste 210	
3.4 CITY-ST-ZIP	Miami Lakes, Florida 33014	

TITLE	MD	<input type="checkbox"/> DELETE
NAME	GILBERT, OFFICER	
STREET ADDRESS	2950 NW 83RD STREET	
CITY-ST-ZIP	MIAMI FL 33142	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	M	<input type="checkbox"/> DELETE
NAME	COLSTON, BRENDA	
STREET ADDRESS	910 NW 42ND STREET	
CITY-ST-ZIP	MIAMI FL 33127	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 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: *Morris L. Drew* **Morris L. Drew** April 1, 1998 (305)635-7800

CR2E037 (10/97)