

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N94 00000 295**

1. Entity Name

RAINBOW BEGINNING MINISTRIES, INC.

Principal Place of Business

Mailing Address

**3290 NW 47th Street
Miami, FL 33142**

**3290 NW 47th Street
Miami, FL 33142**

2. Principal Place of Business

3. Mailing Address

3290 NW 47th Street

3290 NW 47th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FLA

City & State

FLA

4. FEI Number

65-0498256

Applied For

☐ Not Applicable

Zip

33142

DADE

Zip

33142

DADE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAL WEST
17160 SW 94th Avenue
Miami, FL 33257**

Name

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

City

FL

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.

000004641800--0

-10/18/01--01055--012

*******61.25 *****61.25**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing

Trust Fund Contribution:

\$5.00 May Be

Added to Fees

Make Check Payable to

Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **PRESIDENT / CEO**
STREET ADDRESS **ADDIE STEWART**
CITY-ST-ZIP **3290 NW 47th Street**
Miami, FL 33142

TITLE ☒ Delete

NAME **PASTOR**
STREET ADDRESS **KELLY ALAMOS - T**
CITY-ST-ZIP **P.O. BOX 5197**
Miami, FL 33014

TITLE ☒ Delete

NAME **VPO**
STREET ADDRESS **MCKENRICK, AVALAN R**
CITY-ST-ZIP **3924 NW 121st Avenue**
Sunrise, FL 33325

TITLE ☒ Delete

NAME **M**
STREET ADDRESS **COLSTON, BRENDA**
CITY-ST-ZIP **910 NW 42nd Street**
Miami, FL 33127

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

NAME **PRESIDENT / CEO**
STREET ADDRESS **ADDIE STEWART**
CITY-ST-ZIP **3290 NW 47th Street**
Miami, FL 33142

TITLE ☐ Change ☒ Addition

NAME **VIVIAN CLAYTON - (T)**
STREET ADDRESS **7740 PLANTATION BLVD**
CITY-ST-ZIP **MIRAMAR, FL 33023**

TITLE ☐ Change ☒ Addition

NAME **TREASURER**
STREET ADDRESS **RICHARD CHISOLM**
CITY-ST-ZIP **3900 SW 145th Avenue**
MIRAMAR, FL 33027

TITLE ☒ Change ☐ Addition

NAME **EXECUTIVE DIRECTOR**
STREET ADDRESS **VAL WEST**
CITY-ST-ZIP **17160 S.W. 94th Ave**
Miami, FL 33257

TITLE ☐ Change ☒ Addition

NAME **ALVIN CHAMBER - (T)**
STREET ADDRESS **3970 NW 172 Terrace**
CITY-ST-ZIP **Miami, FL 33055**

TITLE ☒ Change ☐ Addition

NAME **PASTOR**
STREET ADDRESS **ALAMO KEY - (T)**
CITY-ST-ZIP **P.O. BOX 5197**
Miami, FL 33014

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-10-01

FILED

01 OCT -8 PM 1:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE