

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90391 045 \*\*\*\*70.00

**DOCUMENT # N94000002954**

1. Entity Name

RAINBOW BEGINNING MINISTRIES, INC.



Principal Place of Business

3290 NORTHWEST 47 STREET  
MIAMI FL 33142

Mailing Address

3290 NORTHWEST 47 STREET  
MIAMI FL 33142

**66429423**



MOORE

CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0498256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, LEROY  
17510 NW 47 COURT  
MIAMI FL 33055

7. Name and Address of New Registered Agent

Name *Cheryldean M. Harris*

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

*309 N.W. 28th Ave*

City *Fort Lauderdale*

FL

Zip Code *33313*

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

*Cheryldean Marie Harris*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*6-5-04*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KEYE, ALAND	
STREET ADDRESS	PO BOX 5197	
CITY-ST-ZIP	MIAMI FL 33614	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAMBERS, ALVIN	
STREET ADDRESS	3970 NW 172 TERR	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, LEROY	
STREET ADDRESS	17510 NW 47 CT	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSS, NORMAN	
STREET ADDRESS	3290 NW 47 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEWART, EVERETT	
STREET ADDRESS	3246 NW 48 TERR	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Walker	
STREET ADDRESS	588 N.W. 57th Ct Apt L-109	
CITY-ST-ZIP	Tamarac, Florida 33319	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Delphine Willis	
STREET ADDRESS	268 N.W. 11th St #309	
CITY-ST-ZIP	Miami, Florida 33136	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheryldean M. Harris	
STREET ADDRESS	309 N.W. 28th Ave	
CITY-ST-ZIP	Fort Lauderdale, Florida 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

*ALAND A. KEYE P.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/5/04*

*954-442-0220*

Date

Daytime Phone #