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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000644 (3)

1. Corporation Name

RAINBOW LAKES UNITED METHODIST CHURCH INC.

Principal Place of Business

19656 SW BEACH BLVD.
DUNNELLON FL 34431

Mailing Address

19656 SW BEACH BLVD.
DUNNELLON FL 34431-44143. Date Incorporated or Qualified
02/07/19953a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2156231

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

NICKLESS, FRANKLIN
3220 SW WESTWATER DRIVE
DUNNELLON FL 34431

10. Name and Address of New Registered Agent

81 Name

Bush, Robert

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

20600 S.W. 93rd Lane Rd.

83

PO Box 2564

84 City

Dunnellon

FL

85 Zip Code

34431

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

TITLE T ☒ DELETE
NAME SNEGON, PAUL
STREET ADDRESS 19656 SW BEACH BLVD.
CITY-ST-ZIP DUNNELLON FL 34431TITLE T ☐ DELETE
NAME MELEIGH, VELMA
STREET ADDRESS 20200 SW 95TH ST
CITY-ST-ZIP DUNNELLON FL 34431TITLE T ☐ DELETE
NAME BIRD, CONNIE
STREET ADDRESS 8385 SW 209TH CT
CITY-ST-ZIP DUNNELLON FL 34431TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☒ Addition
4.2 NAME T MOWREY, CHARLES
4.3 STREET ADDRESS 10775 S.W. 186th CIRCLE
4.4 CITY-ST-ZIP DUNNELLON, FL 344325.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 005085

CP2E037 (9/96)