2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000002479

1. Entity Name
RAINBOW MIRACLE MINISTRY INC.

Principal Place of Business	Mailing Address
1278 N.W. 43 ST. MIAMI, FL 33142 US	1278 N.W. 43RD ST. MIAMI, FL 33142

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02152006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0661716
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOWELL, BEVERLY
1278 N.W. 43RD ST.
MIAMI, FL 33142

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

U00000438354
03/02/06-80021-016 70.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HOWELL, PASTOR BEVERLY
STREET ADDRESS	1278 N.W. 43RD ST.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	AD
NAME	FORBES, LEROY
STREET ADDRESS	1001 NW 28TH ST
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	TAP
NAME	FORBES, HERMA
STREET ADDRESS	1497 NW 148TH ST
CITY-ST-ZIP	OPA LOCKA, FL 33056
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: PASTOR Beverly McDowell 2/16/06 786-287-5226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #