2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# N96000003195

Entity Name: RAINBOW APOSTOLIC CHURCH, INC.

Current Principal Place of Business:

2213 RAINBOW AVENUE
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

2213 RAINBOW AVENUE
SEBRING, FL 33870

New Mailing Address:

FEI Number: 65-0691707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABLES, CLIFFORD M III
457 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: EDWARDS, FRED
Address: 2203 RAINBOW AVE.
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete
Name: RAGSDALE, GEORGE K
Address: 2020 GARDEN VIEW RD.
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete
Name: QUALLS, WILLIAM A
Address: 4101 THOROUGHBRED LANE
City-St-Zip: SEBRING, FL 33875

Title: D ( ) Delete
Name: HAGER, JAMES
Address: 3205 MONZA DR.
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BARRICK, MARK E
Address: 4101 THOROUGHBRED LANE
City-St-Zip: SEBRING, FL 33875

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED A EDWARDS CHMN 04/01/2008

Electronic Signature of Signing Officer or Director — Date