


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 19 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N96000005011 (9)**

1. Corporation Name

OVER THE RAINBOW FOUNDATION, INC.



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| Principal Place of Business 727 KIRKMAN ROAD ORLANDO FL 32811 | Mailing Address 727 KIRKMAN ROAD ORLANDO FL 32811 | 3. Date Incorporated or Qualified 09/27/1996 |
| | | 4. FEI Number 59-3408197 |
| | | Applied For <input type="checkbox"/> Not Applicable |

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
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| 9. Name and Address of Current Registered Agent HODGES, GEORGE 250 SOUTH CR 427 SUITE 116 LONGWOOD FL 32750 | 10. Name and Address of New Registered Agent 81 Name DENNIS CLAYPOOLE 82 Street Address (P.O. Box Number is Not Acceptable) 727 Kirkman Road 83 84 City Orlando FL 85 Zip Code 32811 |
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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

7-15-98

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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE D NAME CIOLA, THOMAS STREET ADDRESS 8038 BARRYMORE DRIVE CITY-ST-ZIP ORLANDO FL 32835 | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE PD 1.2 NAME WAYNE ANDERSON 1.3 STREET ADDRESS 6008 Chenango Lane 1.4 CITY-ST-ZIP Orlando, FL 32807 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE PD NAME BRISBOLS, STEVEN STREET ADDRESS 8559 GROSVENOR LANE CITY-ST-ZIP ORLANDO FL 32835 | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE STD 2.2 NAME DENNIS CLAYPOOLE 2.3 STREET ADDRESS 25822 Pinehurst 2.4 CITY-ST-ZIP Sorrento, FL 32776 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE SD NAME BRISBOLS, AMY STREET ADDRESS 8559 GROSVENOR LANE CITY-ST-ZIP ORLANDO FL 32835 | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE D 3.2 NAME MARY LYNN REYNOLDS 3.3 STREET ADDRESS 208 PHEASANT RUN CT. 3.4 CITY-ST-ZIP LONGWOOD FL 32779 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE VP NAME CIOLA, GREG STREET ADDRESS 731 KIRKMAN RD. CITY-ST-ZIP ORLANDO FL 32811 | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. 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 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 REQUIRED

7-15-98

CR2E037 (10/97)