


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90154 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000005011					
1. Corporation Name OVER THE RAINBOW FOUNDATION, INC.					
Principal Place of Business 727 KIRKMAN ROAD ORLANDO FL 32811			Mailing Address 727 KIRKMAN ROAD ORLANDO FL 32811		



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/27/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3408197	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing <input type="checkbox"/>				Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CLAYPOOLE, DENNIS 727 KIRKMAN RD ORLANDO FL 32811				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDERSON, WAYNE			1.2 NAME			
STREET ADDRESS	6008 CHENANGO LN			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32807			1.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLAYPOOLE, DENNIS			2.2 NAME			
STREET ADDRESS	25822 PINEHURST			2.3 STREET ADDRESS			
CITY-ST-ZIP	SORRENTO FL 32776			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REYNOLDS, MARY LYNN			3.2 NAME			
STREET ADDRESS	208 PHEASANT RUN CT			3.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32779			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** 2/10/99 ✓ (407) 297-7544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)