2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am DOCUMENT # N96000005011 1. Entity Name **Secretary of State** NONPROFIT CORPORATION ANNUAL REPORT OVER THE RAINBOW FOUNDATION, INC. 03-20-2000 90005 038 ****61.25 Principal Place of Business Mailing Address 727 Kirkman Rd. 727 Kirkman Rd. Orlando,FL 32811 Orlando,FL 32811 00393633. Mailing Address 2. Principal Place of Business 727 Kirkman RD. 727 Kirkman Rd. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Orlando, FL 59-3408197 Not Applicable Orlando, FL Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 32811 USA Fee Required 32811 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>Thomas Ciola</u> Street Address (P.O. Box Number is Not Acceptable) Dennis-Claypoole 727 Kirkman Rd. 731 Kirkman Rd. Orlando, FL 32811 Zip Code 32811 Orlando, FL 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 SIGNATURE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE ☐ Change Addition TITLE Director NAME NAME Thomas Ciola STREET ADDRESS STREET ADDRESS 731 Kirkman Rd. Orlando, FL 32811 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change Director NAME NAME Paul Ciola STREET ADDRESS STREET ADDRESS 4705 Faust Ct., Orlando, F1 32817 CITY-ST-ZIP CITY-ST-ZIP Director-_____Addition_ TITLE . TITLE . ____Qhange_ NAME NAME Gregory Ciola STREET ADDRESS STREET ADDRESS 731 Kirkman Rd., Orlando, FL 32811 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE □ Delete Director NAME Marcia Ciola STREET ADDRESS STREET ADDRESS 731 Kirkman Rd., Orlando, FL 32811 CITY-ST-ZIE CITY-ST-ZIP <u>ై - ఆటి , కా</u> ☐ Addition ☐ Delete TITLE ☐ Change TITLE Director NAME NAME Alvaro Guerrero: 101 STREET ADDRESS STREET ADDRESS P.O. Box 99 San Pedro Town Belize C CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE Director NAME NAME Krista Guerrero STREET ADDRESS STREET ADDRESS P.O. Box 99 San Pedro Town Belize CA CITY-ST-ZIP CITY-ST-ZIP 12. 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 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:



AHach. C0039363 HN96000005011

Officers continued:

Title

Director

Name

Clark McClelland

Address

P.O. Box 690662

City,State 🏃 🦤

Orlando, FL 3286900662

Title

Director

Name

Gerald P. Bourne

Address

221 W. Long Creek Cove

City, State, And Longwood, FL 32750

Title

Director

Name

MaryLynn Reynolds

Address

208 Pheasant Run Ct.

City, State, Longwood, FL 32779

Title '

Director

Name

Wayne Anderson

Address

6008 Chenango Ln.

City, State Orlando, FL 32807