


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000005011	
1. Entity Name OVER THE RAINBOW FOUNDATION, INC.	

Principal Place of Business 727 KIRKMAN ROAD ORLANDO, FL 32811	Mailing Address 727 KIRKMAN ROAD ORLANDO, FL 32811
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01202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3408197	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CIOLA, GREGORY
731 KIRKMAN RD
ORLANDO, FL 32811**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee Is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KARLEN, JACQUELINE 750 ROYAL CREST CIRCLE LAS VEGAS, NV 89109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRISBOIS, AMY 371 GUFFIE RD FRANKLIN, NC 28734
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CIOLA, GREGORY 731 KIRKMAN RD ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PONTZIUS, LEAH 1550 PROVIDENCE CIRCLE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUERRERO, ALVARO PO BOX 99 SAN PEDRO TOWN BELIZE, CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUERRERO, KRISTA PO BOX 99 SAN PEDRO TOWN BELIZE, CA

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000000138513
04/29/04-80084-006 61.25

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: *Gregory Ciola* 4/22/04 407-290-1932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #