

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003750

1. Entity Name

RAINBOW SHELTER FOR WOMEN & FAMILY, INC.

Principal Place of Business

Mailing Address

1931 N.W. 194TH TERRACE
CORAL CITY FL 33056

1931 N.W. 194TH TERRACE
CORAL CITY FL 33056

2. Principal Place of Business

3. Mailing Address

1931 N.W. 194th Ter.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FL

Zip 33056

Country USA

Zip

Country

4. FEI Number

65-0826897

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

FORD, LORETTA
1931 N.W. 194TH TERRACE
CORAL CITY FL 33056

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

Loretta Jones Ford

Jan. 29, 02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	ED	<input type="checkbox"/> Delete
NAME	FORD, LORETTA CEO	
STREET ADDRESS	1931 N.W. 194TH TERRACE	
CITY-ST-ZIP	CORAL CITY FL 33056	
TITLE	S	<input type="checkbox"/> Delete
NAME	BUSSEY, KERSETTA	
STREET ADDRESS	20902 N.W. 39TH AVE.	
CITY-ST-ZIP	CORAL CITY FL 33056	
TITLE	T	<input type="checkbox"/> Delete
NAME	FORD, DWAYNE	
STREET ADDRESS	6156 KENTON OAKS	
CITY-ST-ZIP	LITHONIA GA 30058	
TITLE	TEC	<input type="checkbox"/> Delete
NAME	CARROTT, OPHELIA	
STREET ADDRESS	11775 S.W. 213 ST	
CITY-ST-ZIP	PRINCETON FL 33032	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCKENZIE, MARJORIE	
STREET ADDRESS	11435 S.W. 133 TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMPSON, LYDIA	
STREET ADDRESS	1230 N.W. 9TH AVE	
CITY-ST-ZIP	MIAMI FL 33138	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coral City, Fla.	
STREET ADDRESS	1931 N.W. 194th Ter.	
CITY-ST-ZIP	Loretta J. Ford	
TITLE	S22	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Tres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Mama	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jr	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE REQUIRED

Loretta Ford March 16 02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-18-2002 90145 036 *****8.75

04-02-2002 90895 022 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)