

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90133 006 ****61.25

DOCUMENT # N98000003750

1. Entity Name

RAINBOW SHELTER FOR WOMEN & FAMILY, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	CEO FORD, LORETTA	<input type="checkbox"/> Delete
STREET ADDRESS	1931 N.W. 194TH TERRACE	
CITY-ST-ZIP	CORAL CITY FL 33056	
TITLE NAME	S BUSSEY, KERSETTA	<input type="checkbox"/> Delete
STREET ADDRESS	20902 N.W. 39TH AVE.	
CITY-ST-ZIP	CORAL CITY FL 33056	
TITLE NAME	T FORD, DWAYNE	<input type="checkbox"/> Delete
STREET ADDRESS	6156 KENTON OAKS	
CITY-ST-ZIP	LITHONIA GA 30058	
TITLE NAME	TEC CARROTT, OPHELIA	<input type="checkbox"/> Delete
STREET ADDRESS	11775 S.W. 213 ST	
CITY-ST-ZIP	PRINCETON FL 33032	
TITLE NAME	T MCKENZIE, MARJORIE	<input type="checkbox"/> Delete
STREET ADDRESS	11435 S.W. 133 TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE NAME	T THOMPSON, LYDIA	<input type="checkbox"/> Delete
STREET ADDRESS	1230 N.W. 9TH AVE	
CITY-ST-ZIP	MIAMI FL 33136	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *x Loretta Ford* **REQUIRED**

x Feb 17.03 v 630-9258

CR2E037 (10/02)