

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000170

FILED
Apr 17, 2007
Secretary of State

Entity Name: THE RAINBOW TREE CHRISTIAN SCHOOL INC

Current Principal Place of Business:

4917 SR 54
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

4917 SR 54
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-3551654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEUFEL, TOM
1669 VIRGINIA AVE
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TEUFEL, CHRISTI
Address: 1669 VIRGINIA AVE
City-St-Zip: PALM HARBOR, FL 34683

Title: TD () Delete
Name: TEUFEL, TOM
Address: 1669 VIRGINIA AVE
City-St-Zip: PALM HARBOR, FL 34683

Title: SD () Delete
Name: REISER, ROBERT
Address: 123 GIFFORD AVE
City-St-Zip: JERSEY CITY, NJ 07304

Title: VPD () Delete
Name: TIGLAO, MARILYN
Address: 7343 FAIRWOOD AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: TIGLAO, MARILYN
Address: 19811 BERGENFIEL DR
City-St-Zip: LAND OF LAKES, FL 34638

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM TEUFEL

TREA

04/17/2007

Electronic Signature of Signing Officer or Director

Date