2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State
07-25-2001 90002 024 ****61.25

DOCUMENT # N99000002093

1. Entity Name

RAINBOW PROMISE METROPOLITAN COMMUNITY CHURCH, I

Principal Place of Business	Mailing Address
3140 TROY AVE. LAKELAND FL	P.O. BOX 1783 LAKELAND FL 33802-1783

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0705213 ☐ 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
DAVENPORT, JUDY K REV. 4904 38TH WAY S. #F-113 ST. PETERSBURG FL 33711	Name: Reverend Karen Ducham Street Address (P.O. Box Number is Not Acceptable): 1602 Eldorado Dr City: Lakeland FL Zip Code: 33815

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: Rev Karen M Ducham 16 July 01

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
After September 12, 2001, min. will be $236.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVENPORT, JUDY 4904 38TH WAYS #F-113 SAINT PETERSBURG FL 33711	☒ Delete	PD Rev Karen Ducham 1602 Eldorado Dr Lakeland, FL 33815	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT MCGUINN, SHAWN 931 CUMBERLAND ST LAKELAND FL 33801	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT MARR, MARILYN 8018 GLENRIDGE LOOP E LAKELAND FL 33809	☒ Delete	D Ronald Bush P.O. Box 2283 Orlando, FL 32802	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (5/01)

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: Shawn McGuinn 7/18/01 863-683-1833