2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002093

FILED Apr 03, 2005 Secretary of State

Entity Name: RAINBOW PROMISE METROPOLITAN COMMUNITY CHURCH, INC.

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
	HWY 92 W. DALE, FL 33823	3			
Current Mailing Address:			New Mailing A	New Mailing Address:	
	ORADO DRIVE D, FL 33815				
FEI Number	: 59-3577713	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Add	ress of New Registered Agent:	
1602 ELDÓ LAKELAN	, KAREN REV. ORADO DRIVE D, FL 33815	US	ournose of changing its rec	gistered office or registered agent, or both,	
	e of Florida.	abilities this statement for the p	ourpose of changing its reg	nationed diffee of registered agent, or both,	
SIGNATU		0: 1 10			
		c Signature of Registered Age		Date	
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CH	IANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	TD () GREENWELL, B 2650 N HEWLET AVON PARK, FL	T RD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	PD () DUCHAM, KARE 1602 ELDORAD LAKELAND, FL	O DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
	D ()	Delete	Title:	() Change () Addition	
√ame: Address:	CURTIS, LINDA 6709 NORTH 13 TAMPA, FL 336		Name: Address: City-St-Zip:	() Shango () / Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: Cdty-St-Zip:	6709 NORTH 13 TAMPA, FL 336 D () ALAMENO, MICH 3129 WALNUT S	04 Delete HAEL ST. W	Name: Address:	() Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	6709 NORTH 13 TAMPA, FL 336 D () ALAMENO, MICH 3129 WALNUT S WINTER HAVEN	Delete HAEL ST. W , FL 33881 Delete S	Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REV. KAREN DUCHAM PD 04/03/2005