2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N99000002093



FILED Apr 05, 2006 8:00 am Secretary of State 04-05-2006 90145 034 ****61.25

1. Entity Name RAINBOW PROMISE METROPOLITAN COMMUNITY CHURCH, INC.								04-0	03-2000	90143 0.	74	01.2			
1145 VS HWY 92 W. 1607				ng Address 2 ELDORADO DRIVE ELAND, FL 33815											
Principal Place of Business 3. Mailing Address															
Suite, Apt. #, etc. St			uite, Apt. #, etc.				01142006	Ch	g-NP	CR2E	037 (11/	(05)			
City & State			Cit	ity & State			·	4. FEI Number 59-3577713						plied For t Applicable	
Žip — - —	Country		Zip -	Cou		intry -	5. Certificate		e of Sta				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent								7. Name an	d Addr	ess of Ne	w Registere	d Agent			
DUCHAM, KAREN REV.						Name									
1602 ELDORADO DRIVE LAKELAND, FL 33815						Street Address (P.O. Box Number is Not Acceptable)									
				City								■ T Zic	Code		
											F	<u> </u>			
	named entit tions of regist	y submits this statement for tered agent.	or the purp	ose of changing its	registere	ed office a	r registeri	ed agent, or b	oth, in t	he State of	f Florida. Tai	n tamiliar	with,	and accept	
SIGNATURE .	SIGNATURE														
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required							when reinstating)			DATE					
		ee is \$61.25 May 1, 2006		9. Election Car Trust Fund C	npaign F			\$5.00 May Added to Fee		F	Make che lorida Dep			1	
10.	Due by N		IRECTORS	Trust Fund (npaign F Contributi	ion.	<u> </u>	Added to Fee	HANGE	S TO OFF	Florida Dep	DIRECTO	of St	ate 10	
TITLE	Due by N	Aay 1, 2006 OFFICERS AND D	IRECTORS	Trust Fund (npaign F Contributi	ion.	<u> </u>	Added to Fee	HANGE	S TO OFF	Florida Dep	DIRECTO	of St	ate	
	TD GREENW	May 1, 2006	RECTORS	Trust Fund (npaign F Contributi 11. TITLE NAMI	ion.	ROD	Added to Fee ADDITIONS/CI	HANGE	S TO OFFI	ICERS AND	DIRECTO	of St	ate 10	
TITLE NAME	TD GREENW 2650 N H	Aay 1, 2006 OFFICERS AND DI	IRECTORS	Trust Fund (npaign F Contributi 11. TITLE NAMI	ion.	ROD	Added to Fee	HANGE	S TO OFFI	ICERS AND	DIRECTO	of St	ate 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENW 2650 N H AVON PA	OFFICERS AND DI VELL, BARBARA J EWLETT RD URK, FL 33825	IRECTORS	Trust Fund (npaign F Contributi 11. TITLE NAMI STRE CITY	E ET ADDRESS	ROD	Added to Fee ADDITIONS/CI	HANGE	S TO OFFI	ICERS AND	DIRECTO	of St RS IN lange	ate 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TD GREENW 2650 N H AVON PA PD DUCHAM	Aay 1, 2006 OFFICERS AND DI VELL, BARBARA J EWLETT RD IRK, FL 33825	IRECTORS	Trust Fund (npaign F Contributi 11. TITLE NAMI STRE CITY TITLE	E ET ADDRESS - ST-ZIP	ROD	Added to Fee ADDITIONS/CI	HANGE	S TO OFFI	ICERS AND	DIRECTO Ch	of St RS IN lange	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENW 2650 N H AVON PA PD DUCHAM 1602 ELD	OFFICERS AND DI VELL, BARBARA J EWLETT RD URK, FL 33825	RECTORS	Trust Fund (npaign F Contributi 11. TITLE NAMI STRE CITY TITLE NAMI STRE	E ET ADDRESS	ROD	Added to Fee ADDITIONS/CI	HANGE	S TO OFFI	ICERS AND	DIRECTO Ch	of St RS IN lange	10 Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TD GREENW 2650 N H AVON PA PD DUCHAM 1602 ELD LAKELAN D CURTIS,	OFFICERS AND DI VELL, BARBARA J EWLETT RD VRK, FL 33825 I, KAREN REV DORADO DRIVE VID, FL 33815 LINDA	IRECTORS	Trust Fund (npaign F Contributi 11. TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY	E E E ADDRESS - ST-ZIP E E E ET ADDRESS - ST-ZIP E E E E E E E E E E E E E E E E E E E	ROD 860 LHK,	Added to Fee ADDITIONS/CI NEY CA PLAN (ELAND), BERT (HANGE HAR HAR FL BLA	STO OFFI LES TON 33	REDERS AND I	DIRECTO Ch	of St RS IN ange D	10 Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR