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

FILED
Apr 02, 2003 8:00 am
Secretary of State
04-02-2003 90081 014 ****70.00

DOCUMENT # N99000002093

1. Entity Name
RAINBOW PROMISE Metropolitan Community Church, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1145 US Hwy 92 W	1602 ELDORADO DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Auburndale, FL	City & State: Lakeland, FL
Zip: 33823 Country: USA	Zip: 33815 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3577713 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: DUCHAM, Rev. KAREN
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Rev. KAREN M. DUCHAM, PASTOR — DATE: 2/16/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

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	T/D	TITLE	
NAME	BARBARA J. GREENWELL	NAME	
STREET ADDRESS	2650 N. HEWLETT Rd	STREET ADDRESS	
CITY-ST-ZIP	AVON PARK, FL 33825	CITY-ST-ZIP	
TITLE	P/D	TITLE	
NAME	DUCHAM, Rev. Karen M.	NAME	
STREET ADDRESS	1602 ELDORADO DR	STREET ADDRESS	
CITY-ST-ZIP	Lakeland, FL 33815	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	LINDA CURTIS	NAME	
STREET ADDRESS	6709 NORTH 13th ST	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33604	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SCOTT CUPPS	NAME	
STREET ADDRESS	125 CREVASSE ST	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33805	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	JAMES PEARCE	NAME	
STREET ADDRESS	2804 AVE M NW	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	H. ASHLEY SPENCER, JR	NAME	
STREET ADDRESS	2455 TERI ST.	STREET ADDRESS	
CITY-ST-ZIP	AUBUANDALE, FL 33823	CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara J. Greenwell — BARBARA J. GREENWELL, TREASURER — 2/10/03 — 863-453-6785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #