2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90013 044 ****61.25

DOCUMENT # N99000006620

1. Entity Name
RAINBOW MINISTRIES CHURCH OF GOD IN CHRIST, INC.

54017607

Principal Place of Business	Mailing Address
1804 WEST WATERS AVENUE SUITE B TAMPA, FL 33604	5701 S. 79TH ST. TAMPA, FL 33619

DO NOT WRITE IN THIS SPACE

02292004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3636477
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GREEN, JOSEPH B PASTOR
5701 S. 79TH ST.
TAMPA, FL 33619

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	GREEN, MATTIE F
STREET ADDRESS	5701 S. 79TH ST.
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	T
NAME	JACKSON, JOHN
STREET ADDRESS	732 S. 58TH ST
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	T
NAME	JACKSON, REBECCA
STREET ADDRESS	732 S. 58TH ST
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	~~CH~~ CM Wilson, LaDashia
NAME	~~DAVIS, CELESTINE~~ 5609 Legacy Crescent Place
STREET ADDRESS	~~218 LIMONA ROAD~~ Apt 284
CITY-ST-ZIP	~~BRANDON, FL 33510~~ Riverview Fl. 33569
TITLE	T
NAME	Johnson, Lorene
STREET ADDRESS	11440 Pruett Road
CITY-ST-ZIP	Seffner, Fl. 33584
TITLE	T
NAME	Douglas, Nicole
STREET ADDRESS	3601 E. Idlewild Ave
CITY-ST-ZIP	Tampa Florida 33610

DO NOT WRITE IN THIS SPACE

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: Pastor Joseph B Green 3-7-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PASTOR Joseph B. GREEN