2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006620

FILED Jan 02, 2007 Secretary of State

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

SUITE B TAMPA, FL	T WATERS A' _ 33604	VENUE			
Current Ma					
	Current Mailing Address:			New Mailing Address:	
5701 S. 79 ⁻ TAMPA, FL					
FEI Number:	59-3636477	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
GREEN, JO 5701 S. 79 ⁻ TAMPA, FL					
The above in the State		submits this statement for the pu	rpose of changing its register	red office or registered agent, or both,	
SIGNATUR					
		ic Signature of Registered Ager		Date	
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	T () JENKINS-GREE 5701 S. 79TH S TAMPA, FL 330	iT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () JACKSON, JOH 732 S. 58TH ST TAMPA, FL 330	-	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () JACKSON, REE 732 S. 58TH ST TAMPA, FL 330	-	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WILSON, LADA	CRESCENT PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () JOHNSON, LOF 11440 PRUETT SEFFNER, FL	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () BARNES, MAR' 5707 CANDLEY TAMPA, FL 330	VIC CT. APT.C	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOSEPH B. GREEN MR. 01/02/2007