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STATE OF FLORIDA

**NONPROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000002479**  
1. Corporation Name  
**RAINBOW MIRACLE MINISTRY INC.**

Principal Place of Business  
1278 N.W. 43 ST.  
MIAMI FL 33142  
US

Mailing Address  
1278 N.W. 43RD ST.  
MIAMI FL 33142

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
25 Suite, Apt. #, etc.  
26 City & State  
27 Zip  
28 Country

3. Date Incorporated or Qualified  
05/25/1995

4. FEI Number  
65-0661716

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May be Added to Fees

9. Name and Address of Current Registered Agent  
**HOWELL, BEVERLY**  
1278 N.W. 43RD ST.  
MIAMI FL 33142

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
FL B5 Zip Code

11. Pursuant to the provisions of Sections 817.0502 and 817.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 817.0603, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-appointing)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PASTOR</b>	<input type="checkbox"/> DELETE
NAME	<b>HOWELL, PASTOR BEVERLY</b>	
STREET ADDRESS	<b>1278 N.W. 43RD ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33142</b>	
TITLE	<b>APT ASST PASTOR</b>	<input type="checkbox"/> DELETE
NAME	<b>CORNER ROSETTA</b>	
STREET ADDRESS	<b>1278 NW 43RD STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33142</b>	
TITLE	<b>TINA HOWELL</b>	<input type="checkbox"/> DELETE
NAME	<b>1278 NW 43RD ST</b>	
STREET ADDRESS	<b>MIAMI FLA</b>	
CITY-ST-ZIP	<b>33142</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>PAST</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Beverly Howell** **305/634-8832**  
Signature and typed or printed name of signing officer or director

CR2037 (11/98)