


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000002479	
1. Entity 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
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07162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0661716	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWELL, BEVERLY
 1278 N.W. 43RD ST.
 MIAMI, FL 33142

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOWELL, PASTOR BEVERLY 1278 N.W. 43RD ST. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD FORBES, LEROY 1001 NW 28TH ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAP FORBES, HERMA 1497 NW 148TH ST OPA LOCKA, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/20/07-80008-021 70.00

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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: Pastor Beverly Howell 7/15/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #