

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003505

**Entity Name:** RAINBOW HEIGHTS NEIGHBORHOOD ASSOCIATION AND  
CRIME WATCH, INC.**Current Principal Place of Business:**3606 E. GENESEE STREET  
TAMPA, FL 33610**Current Mailing Address:**3606 E. GENESEE STREET  
TAMPA, FL 33610**FEI Number: 41-2149353****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JONES, FRANKIE  
3606 E GENESEE STREET  
TAMPA, FL 33610 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | P                     |
| Name            | JONES, FRANKIE        |
| Address         | 3606 E GENESEE STREET |
| City-State-Zip: | TAMPA FL 33610        |

|                 |                        |
|-----------------|------------------------|
| Title           | AS, SECRETARY          |
| Name            | JACKSON, DEE           |
| Address         | 3606 E. GENESEE STREET |
| City-State-Zip: | TAMPA FL 33610         |

|                 |                     |
|-----------------|---------------------|
| Title           | PARLIAMENTARIAN     |
| Name            | WADE, SHONNIE       |
| Address         | 4309 N. 34TH STREET |
| City-State-Zip: | TAMPA FL 33610      |

|                 |                     |
|-----------------|---------------------|
| Title           | V                   |
| Name            | WIMBERLY, AUGUSTUS  |
| Address         | 4510 N. TROY STREET |
| City-State-Zip: | TAMPA FL 33610      |

|                 |                          |
|-----------------|--------------------------|
| Title           | T                        |
| Name            | HENDERSON, LILLIAN       |
| Address         | 3407 EAST GENESEE STREET |
| City-State-Zip: | TAMPA FL 33610           |

|                 |                     |
|-----------------|---------------------|
| Title           | AT, ASST. TREASURER |
| Name            | THOMPSON, ANDRI     |
| Address         | 4510 N. TROY STREET |
| City-State-Zip: | TAMPA FL 33610      |

*I hereby 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 all other like empowered.*

**SIGNATURE: FRANKIE D. JONES****PRESIDENT****05/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date