

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **716933** (7)

1. Corporation Name

RAINBOW LAKES BAPTIST CHURCH, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
19756 SW BEACH BLVD. DUNNELLON FL 34431	C/O REV. DON MCMELLON 21208 S.W. HONEYSUCKLE ST. DUNNELLON FL 34431

3. Date Incorporated or Qualified 07/29/1969	3a. Date of Last Report 04/14/1994
4. FEI Number 59-1707169	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business (CHURCH)	2a. Mailing Address
21 RAINBOW LAKES BAPTIST	26 REV. JAMES W. HILBURN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 19756 SW BEACH BLVD.	27 21208 SW HONEYSUCKLE ST.
City & State	City & State
23 DUNNELLON, FL	28 DUNNELLON, FL
Zip	Zip
24 34431	29 34431
Country	Country
25 U.S.A.	30 U.S.A.

9. Name and Address of Current Registered Agent

MC MELLON, DON
21208 SW HONEYSUCKLE ST.
DUNNELLON FL 34431

10. Name and Address of New Registered Agent

81 Name REV. JAMES W. HILBURN
82 Street Address (P.O. Box Number is Not Acceptable) 21208 SW HONEYSUCKLE ST.
83
84 City DUNNELLON, FL
85 Zip Code 34431-3403

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Rev. James W. Hilburn* - **REV. JAMES W. HILBURN** DATE **04/14/95**

12. OFFICERS AND DIRECTORS

TITLE	MDS
NAME	MCMELLON, DON
STREET ADDRESS	21208 SW HONEYSUCKLE ST.
CITY - ST - ZIP	DUNNELLON FL 34431
TITLE	TD
NAME	ANDERSON, DOLORES A
STREET ADDRESS	22332 SW NAUTILUS BLVD.
CITY - ST - ZIP	DUNNELLON FL 34431
TITLE	PD
NAME	ROBBINS, JOHN L
STREET ADDRESS	1298 S.W. SHOREWOOD DR. N.
CITY - ST - ZIP	DUNNELLON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REV. JAMES W. HILBURN	
1.3 STREET ADDRESS	21208 SW HONEYSUCKLE ST.	
1.4 CITY - ST - ZIP	DUNNELLON, FL 34431-3403	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TESSIE L. USRY	
2.3 STREET ADDRESS	20090 WOOD DUCK DR.	
2.4 CITY - ST - ZIP	DUNNELLON, FL 34432-5843	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LOUIS A. BRIND	
3.3 STREET ADDRESS	21184 SW HONEYSUCKLE ST.	
3.4 CITY - ST - ZIP	DUNNELLON, FL 34431-3403	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	200001540652	
4.3 STREET ADDRESS	-07/18/95--01105--026	
4.4 CITY - ST - ZIP	*****70.00 *****70.00	
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		

REMITTED BY MAY 1
JW

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Tessie L. Usry* - **TESSIE L. USRY** DATE **4/14/95-904-489-6528**