2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000004305

1. Entity Name
RHEMA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
790 WOODBINE WAY, #724 PALM BEACH GARDENS, FL 33418	P.O. BOX 3764 WEST PALM BEACH, FL 33402

DO NOT WRITE IN THIS SPACE

05152004 No Chg-NP CR2E037 (10/03)

4. FEI Number
43-1976473
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, DELORES DR
909 29 ST
W PALM BEACH, FL 33407

DO NOT WRITE IN THIS SPACE

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 Dr. Delores Turner 5/14/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	CEOP
NAME	TURNER, DELORES DR.
STREET ADDRESS	790 WOODBINE WAY
CITY-ST-ZIP	WPB, FL 33418
TITLE	C
NAME	GUNTER, JOYCE
STREET ADDRESS	3475 GUNDRY AVE.
CITY-ST-ZIP	LONG BEACH, CA 90807
TITLE	ST
NAME	JOE, MIRIAM
STREET ADDRESS	410 W. 27TH ST.
CITY-ST-ZIP	RIVIERA BEACH, FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000160855
05/18/04-80006-009 61.25

DO NOT WRITE IN THIS SPACE

12. 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 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: Dr. Delores Turner Delores Turner 5/14/04 5618418982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #